

COUNTY BOROUGH OF PRESTON.



REPORT
OF THE
Medical Officer of Health
on the Health of the Borough
for the year
1967.

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ANNUAL REPORT, 1967

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INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Preston.

With the passing of the years the social life of the community has changed, the economic pattern as it directly affects the family has altered materially and the advances in science have made possible things that were undreamt of even at the end of the last war.

Basically the public health is a service to the people whereby measures are supplied for their protection and benefit that will assist them in living and enjoying the fruits of their labours in accordance with the contemporary conditions. And so as the pattern of life has changed, so the services have evolved to meet the changing needs.

Examination of the mortality tables shows that 1967 presented more or less the orthodox pattern of this decade. Only 60 deaths occurred between the ages of 1 and 44 years, of which 15 were associated with violence and 16 were the result of malignant conditions. In the middle age period whilst men and women are still in active working life, lung cancer and coronary thrombosis went hand in hand on their triumphant and direct highway to the cemetery and the crematorium. These two disciples of nicotine accounted for well over one third of all deaths in the 45-64 age group.

The natural anxieties arising from the national economic situation and its effect locally are to some extent relieved by the information on the employment situation supplied by the Manager of the Employment Exchange. The manner in which the mill closures and the redundancies in electrical engineering were handled reflect credit on the many people involved in resolving the unhappy position.

Services concerned with the care of the individual worked well during the year. Provision for the mentally handicapped was further improved by the opening of the extensions to the adult training centre, which though it can now accommodate 80 persons is already working almost to capacity.

There has been established in recent years a close association with the social sciences faculty of the Harris College, and it is gratifying to note the active and sympathetic interest of the students of the college in the mentally handicapped and their positive contributions in various ways in this field of human welfare.

In the field of child health there has been an intense interest shown by young mothers in the development of play groups and their benefit to the child is obvious. It is a field where the mother can play an active part and she appears, in general, to be keen and willing to do so.

More interest is now being shown by general practitioners in the attachment of nurses to general medical practice and a mutually satisfactory scheme has been evolved with a three man practice. Its extension to other practices is being arranged.

The increased numbers of home helps and the addition of state enrolled nurses to the district nursing establishment have both contributed to a more effective service to the sick and the aged.

In the field of environmental health clearance of unfit properties is now becoming subordinate in importance to the improvement of older fit properties lacking modern amenities and the reports I have submitted to you and the initial steps that have been taken are a precursor of much more activity to be developed in this field.

This is the last report that I shall have the privilege of presenting to you. Many of the senior staff of the department have worked with me through the past twenty years and the developments that have emerged in that period are without doubt the result of team work in which they and others of more recent vintage have made their own active contributions. This is an appropriate moment to express my gratitude for their loyalty to me and their active interest and contribution to the public health service in Preston.

I am grateful for the active and enthusiastic co-operation and support given to me by the Chairman of the Health Committee, for the kindness shown to me by the members of the Council in these years and for their forbearance when my enthusiasm may have outrun my discretion.

J. S. G. BURNETT,
Medical Officer of Health.

Senior Public Health Officers of the Local Authority

Medical Officer of Health and Port Medical Officer	J. S. G. BURNETT, M.D., D.P.H.
Deputy Medical Officer of Health and Deputy Port Medical Officer	L. P. GRIME, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., D.P.H., M.N.Y.A.S.
Departmental Medical Officers and School Medical Officers	K. DOWLING, M.B., Ch.B. I. M. R. PURDOM, M.B., Ch.B., D.P.H. A. T. NOLAN, L.R.C.P. & S., D.P.H. (terminated 30.11.67) J. T. CARROLL, M.B., F.R.C.S., D.R.C.O.G. E. J. HUNT, M.B., B.S., D.P.H. (terminated 31.3.67) A. FOWDEN, M.B., Ch.B.
CLINICIANS UNDERTAKING CONSULTATIVE WORK—	
Consultant Obstetricians	W. H. TOD, B.Sc., M.D., F.R.C.O.G. W. A. ROBSON, M.B., Ch.B., F.R.C.O.G.
Consultant Oto-rhino larynologists	J. A. KERSLEY, F.R.C.S., D.L.O. H. WICKHAM, M.B., Ch.B., F.R.C.S.
Consultant Orthopaedic Surgeon...	R. S. GARDEN, M.Ch.Orth., F.R.C.S.
Consultant Paediatrician	A. G. HESLING, M.R.C.P., D.C.H.
Consultant Orthodontist	F. D. ROWE, L.D.S.
Consultant Anaesthetist	J. A. L. COOPER, M.R.C.S., L.R.C.P.
Ophthalmic Surgeon	*J. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
Veterinary Officer	F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.
Chief Dental Officer	A. KERSHAW, L.D.S.
Senior Dental Officers	A. L. CALLAND, L.D.S. *M. BORMAN, L.D.S. (commenced 2.8.67)
Chief Public Health Inspector ...	E. OWEN, M.A.P.H.I.
Superintendent Health Visitor ...	Miss E. W. SOWERBY, S.R.N., S.C.M., H.V.'s Certificate.
Non-Medical Supervisor of Midwives	Miss M. HADFIELD, S.R.N., S.C.M., M.T.D.
Superintendent District Nurse ...	Miss M. MORGAN, S.R.N., S.C.M., Q.N., H.Vs'. Certificate.
Domestic Help Organiser	Miss S. E. DOHERTY.
Speech Therapist	Vacant

Chiropodists	...	...	...	...	*Miss M. BILLING, M.Ch.S., S.R.Ch. Mrs. B. J. ROBINSON, M.Ch.S. *Mr. R. BEARDSWORTH, M.Ch.S. *Mrs. M. BEARDSWORTH, M.Ch.S., S.R.N. *Mr. E. HOLMES, I.Ch. *Mr. P. S. HARGREAVES, M.Ch.S. *Mr. T. H. WALL, I.Ch. *Mr. I. CUERDEN, A.Ch.S.D.A. (commenced 1.11.67)
Physiotherapists	...	...	...	...
Chief Administrative Assistant	...				R. HARRISON, Cert. R.S.I. and S.I.E.J.B.

* *Part time*

Committee concerned with Public Health matters

HEALTH COMMITTEE.

1. The Council hereby refer to the Health Committee, subject to the confirmation of their proceedings by the Council, the duties, powers and functions of the Council in relation to or arising under the following:—

- (a) all matters relating to the health of the borough and the prevention, notification and treatment of disease, not otherwise delegated to this or some other committee of the Council;
- (b) the superintendence of the department of the Medical Officer of Health (other than those officers mainly attached to services administered by other committees) and the appointment of Public Health Inspectors;
- (c) the Rag Flock and Other Filling Materials Act, 1951; the Fabrics (Misdescription) Act, 1913, the Fertilisers and Feeding Stuffs Act, 1926, the Agricultural Produce (Grading and Marking) Acts, 1928 and 1931, Agriculture (Safety, Health and Welfare Provisions) Act, 1956, the Riding Establishments Acts 1939 and 1964, and any Orders, Rules, Regulations or Byelaws having effect under any of the said Acts;
- (d) the provisions of the Nurses Acts, 1957 and the Nurses Registration Act, 1957
- (e) as the Port Health Authority;
- (f) as the Local Health Authority under the National Health Service Acts;

- (g) Part III of the National Assistance Act, 1948, relating to the provision of residential and temporary accommodation and the provision of welfare services for handicapped persons, Trading Representations (Disabled Persons) Act, 1958;
- (h) Part IV of the National Assistance Act, 1948, except the registration of charities for disabled persons; Trading Representations (Disabled Persons) Act, 1958.
- (i) the provision and maintenance of public sanitary conveniences;
- (j) as the local Health and Welfare Authority under the Mental Health Act, 1959,

2. The Council hereby delegate to the Health Committee the duties, powers and functions of the Council arising under or in pursuance of the following provisions and any Orders, Rules, Regulations or Byelaws having effect hereunder:—

- (a) the Diseases of Animals Act, 1950, for the purpose of which the committee shall be the executive committee;
- (b) the Pharmacy and Poisons Acts, 1852 to 1941;
- (c) the provisions of the Public Health Acts and local Acts, so far as they relate to health and sanitary matters, and in particular, but without prejudice to the generality of the foregoing delegation, the following provisions of the Public Health Act, 1936, viz.:—

Sections 39 to 41 ; 44 to 52 ; 56 ; 58 ; 83 to 86 ; Part III ; Sections 124 ; 138 to 141 ; Parts IX and X ; Sections 259 to 261 ; 268 ; 269 and 288.

and the following provisions of the Public Health Act 1961, viz.:—

Sections 15 to 23 ; 26 ; 29 (so far as this section is applicable to Demolition and Clearance Orders) ; 32 ; 35 to 42 ; 74 to 79.

- (d) the Housing Acts, so far as they relate to insanitary property, overcrowding and houses in multiple occupation.
- (e) Part I (Health General Provisions) and Part VIII (Home Work) of the Factories Act, 1961 ;
- (f) the Food and Drugs Acts, 1955 (except Part III) and the Merchandise Marks Acts, 1887 to 1953 ;
- (g) the Offices, Shops & Railway Premises Act, 1963 (all sections except 28-41) ;
- (h) Prevention of damage by Pests Act, 1949 ;
- (i) the Rivers Pollution Prevention Acts ;
- (j) the Midwives Act, 1951 ;
- (k) the Pet Animals Act, 1951 ;
- (l) Sections 36 and 90 of the Housing Act, 1957, and so much of the Rent Act, 1957, as relates to the issue and cancellation of certificates of disrepair ;
- (m) The Clean Air Act, 1956 ;
- (n) Section I of the Noise Abatement Act, 1960 ;
- (o) Part I (except Section 24) of the Caravan Sites and Control of Development Act, 1960 ;
- (p) Consumer Protection Act, 1961 ;
- (q) Slaughter-Houses Act, 1958—regulations thereunder ;
- (r) Slaughter of Animals Act, 1958—regulations thereunder ;

- (s) The Animal Boarding Establishments Act, 1963,
- (t) Nursing Homes Acts and Regulations, 1963,
- (u) Part II Housing Act, 1964.

SUB-COMMITTEES OF THE HEALTH COMMITTEE.

Mental Health Services Sub-committee.

Duties under the Mental Health Act 1959, and the care and after-care of persons suffering from mental illness or defectiveness.

Domiciliary Services Sub-committee.

Duties relating to the care of mothers and young children, midwifery, health visiting, home nursing, vaccination and immunisation, prevention of illness, care and after-care (except of persons suffering from mental illness or defectiveness) and domestic helps.

Homes, Hostels and Welfare Services Sub-committee.

Duties concerned with the provision of residential accommodation for the aged and infirm and others in need of care and attention, the provision of temporary accommodation for persons in urgent need of such accommodation, and the registration and inspection of disabled persons' or old persons' homes provided otherwise than by the local authority, and with the provision of welfare services for the blind, deaf and dumb, crippled and others suffering from disabilities.

*Birth Rate per 1,000 of
population*

Number of Marriages: 958.

* Area comparability factor:	Births	...	0.99.
	Deaths	...	1.03.

Table 1.
Comparative Statement of Vital Statistics.
Year 1967.

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and still births)	Perinatal Mortality Rate	Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate per 1,000 Total (Live and Still Births)		
								Maternal causes excluding abortion	Due to abortion	Total maternal mortality
England and Wales (provisional)	17.2	11.2	18.3	14.8	25.4	0.037	0.005	0.16	0.04	0.20
Birkenhead ..	17.8	11.6	24.0	16.5	33.7	0.05	—	—	—	—
Burnley	15.71	14.53	22.02	12.09	24.17	0.08	—	—	—	—
Bury	19.24	12.37	22.54	20.50	33.91	0.01	—	—	—	—
Halifax	17.8	13.9	28.0	16.0	29.0	0.09	0.01	—	—	—
Liverpool ..	17.8	11.6	22.0	17.4	30.2	0.062	0.007	0.078	—	0.078
Manchester ..	18.34	12.57	22.8	20.0	33.0	0.07	0.07	0.09	—	0.09
Oldham	17.70	14.93	24.7	13.2	24.38	0.06	0.01	—	—	—
PRESTON ..	17.59	12.12	25.74	21.51	35.15	0.066	0.009	0.525	0.525	1.05
Rochdale ..	19.7	13.3	28.7	13.8	31.3	0.03	—	—	—	—
St. Helens ..	16.9	12.8	23.5	20.2	33.1	0.08	—	0.55	0.55	1.1
Stockport ..	18.03	13.05	24.39	15.63	30.11	0.04	—	0.381	—	0.381
Wallasey ..	16.47	12.76	26.65	23.71	41.06	0.058	—	—	—	—
Wigan	18.0	13.8	16.0	18.0	27.0	0.06	0.01	—	1.37	1.37

Population.

The downward trend of population resident within the county borough continues and at 106,010 stood 1,390 less than in 1966. This reduction of population in face of an excess of live births over deaths of 580 is a reflex of continuing movement of population into the suburbs.

Births.

The birth rate of 17.59 continues the slight but persistent downward trend since 1964 but continues in excess of the rate of 17.2 for England and Wales as a whole.

Table 2.
Number of Births registered in the various wards.

Ward	Estimated Population	Births	Rate per 1,000 population
Ashton	8,550	129	14.58
Avenham	8,230	182	22.11
Central	7,170	182	25.38
Deepdale	9,740	141	14.48
Fishwick	8,830	163	18.46
Moorbrook	8,350	105	12.57
Park	6,600	156	23.64
Ribbleton	13,220	273	20.65
St. John's	7,530	93	12.35
St. Matthew's	9,430	188	19.94
Savick	9,930	129	12.99
Tulketh	8,430	124	14.71
Total ...	106,010	1,865	

Deaths.

1967 was free from acute infectious illness of the lethal variety and so the death rate of 12.12 per 1,000 population was the lowest recorded since 1954. This saving of life was most evident amongst older people where deaths from cardio respiratory disease were less, though there was also an appreciable reduction in the number of men dying from coronary disease.

Unhappily death from malignancy shows an increased rate and the death rate from lung cancer is again upward. Half the deaths in men occurred before retiral age and last year in Preston about seven persons died every month from this disease. It is a sad commentary on human weakness that this situation should exist in the light of known facts. If such mortality figures were related to smallpox, poliomyelitis or diphtheria public indignation would demand national action and if vaccination against lung cancer were to appear out of the blue there would be queues outside clinics. Where self discipline supplies the answer, however, the reaction is different. Human

nature being what it is the rejection of reason in favour of desire is understandable if, in this instance, regrettable. What is less comprehensible is the attitude of those who parade their weakness before children as an act of independence against authority and who try to salve their own consciences with inanities such as "What about diesel fumes?" and "If I don't die from lung cancer I shall die instead from coronary thrombosis." To smoke or not to smoke is a personal issue the answer to which must be provided by the individual himself. To encourage the young in this habit is a crime against humanity.

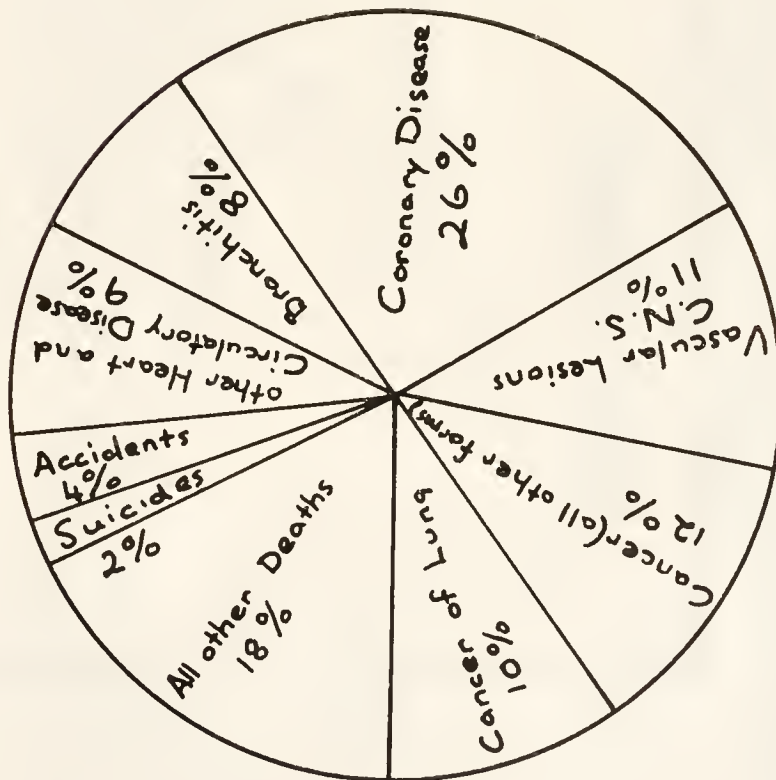
The year saw two maternal deaths the first since 1960. One of the deaths was the result of an infectious condition and the pregnancy was incidental to this main disease.

The downward trend in infant mortality was also halted temporarily, the rate rising to 25.74 per 1,000 live births.

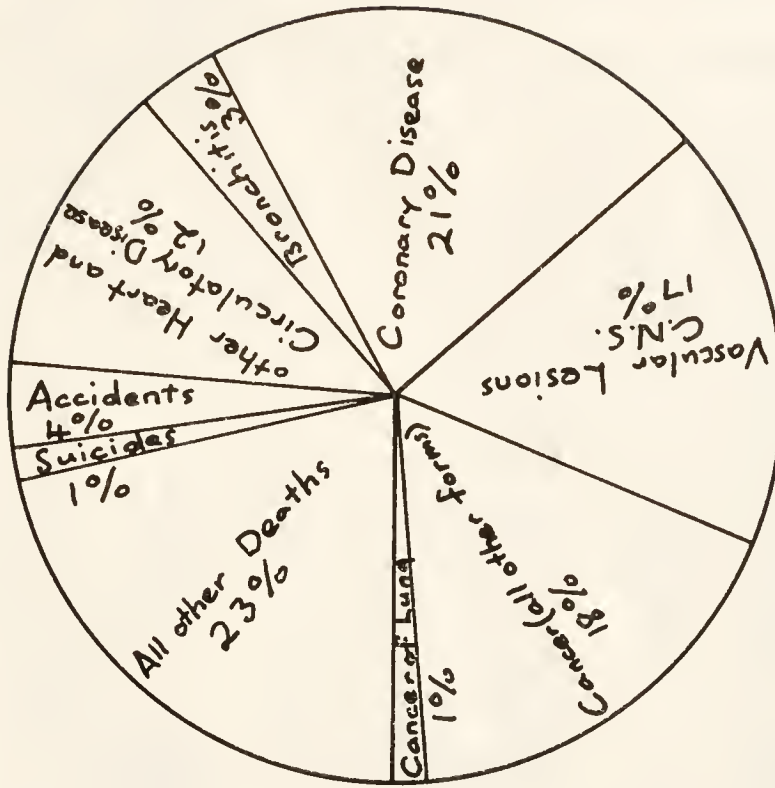
This increase was associated with an increase in stillbirths and was related to the first half of the year after which there was a sharp reduction in deaths, a reduction which has continued into the present year. A detailed inquiry into each stillbirth and infant death has failed to elicit any specific cause for this phenomenon.

PRINCIPAL CAUSES OF DEATH

MALES



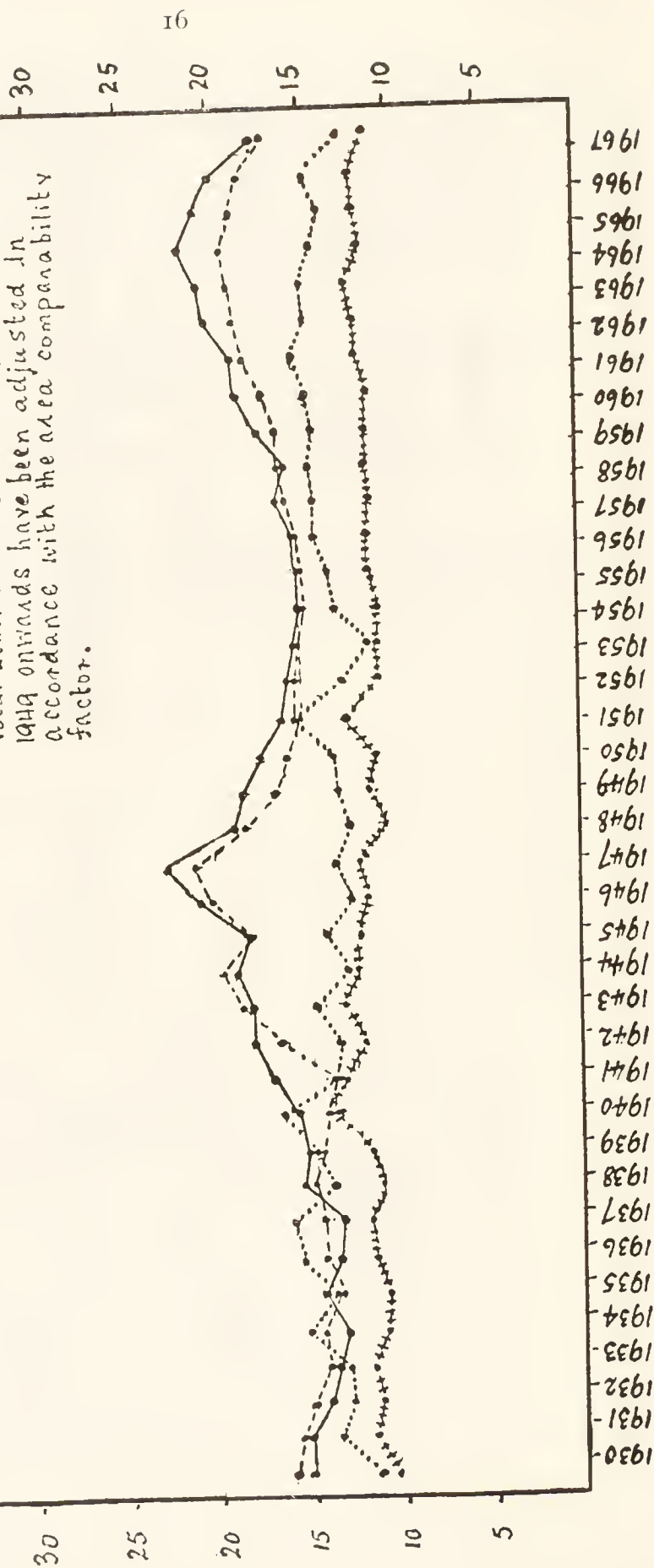
FEMALES



BIRTH and DEATH RATES per 1000 population 1930-1967

BIRTHS — Preston,
----- England & Wales.
DEATHS Preston.
++++ England & Wales.

The local birth rate from 1949 and the local death rate from 1934-40 and from 1949 onwards have been adjusted in accordance with the area comparability factor.



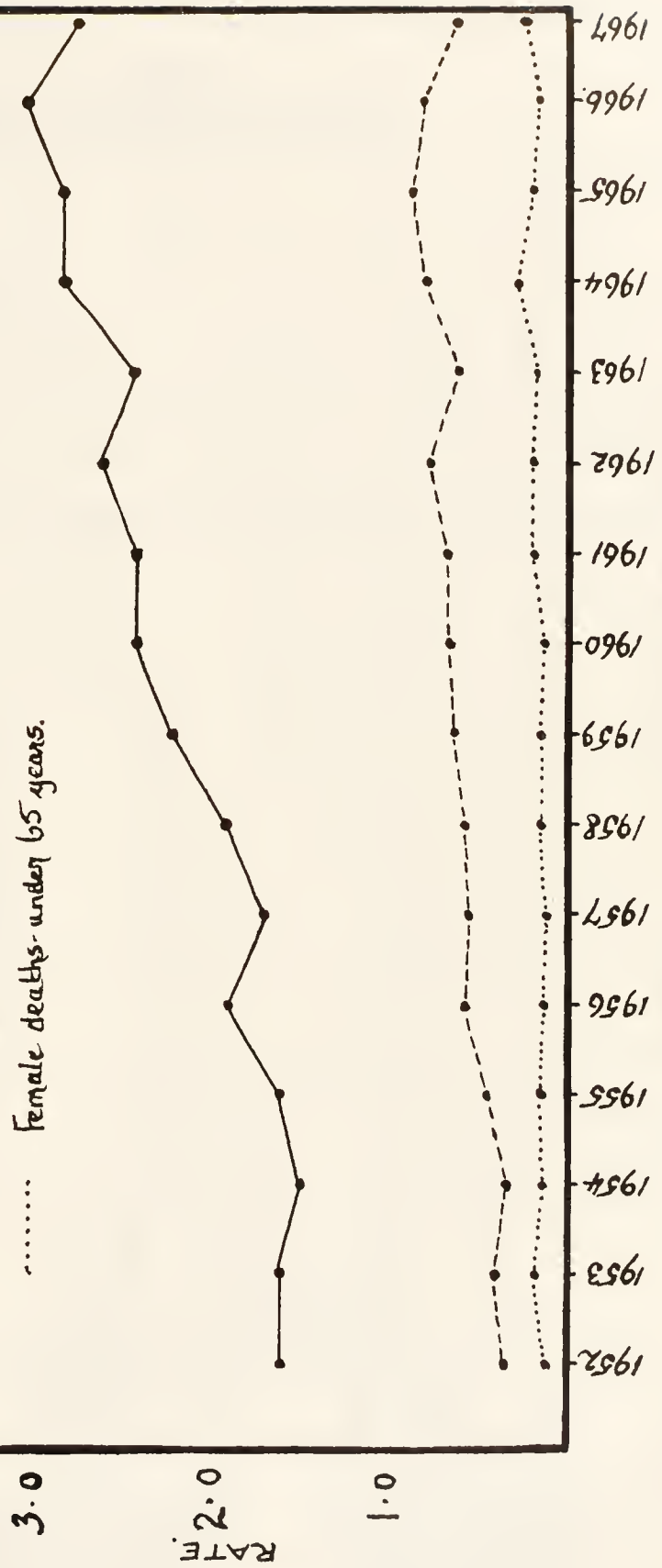
DEATHS FROM CORONARY DISEASE. — Preston.

1952-67. — Rates per 1000 population.

— Total deaths.

- - - Male deaths - under 65 years.

..... Female deaths - under 65 years.



YEAR.

Table 3.
Causes of Death—arranged according to sex and age.

	0— M. F.	1— M. F.	5— M. F.	15— M. F.	25— M. F.	35— M. F.	45— M. F.	55— M. F.	65— M. F.	75— M. F.	Total M. F.
1. Tuberculosis, respiratory ...	—	—	—	—	—	—	—	1	2	—	3
2. Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic disease ...	—	—	—	—	—	—	—	2	—	—	3
10. Malignant, neoplasm, stomach ...	—	—	—	—	1	—	2	5	5	4	17
11. " " lung, bronchus	—	—	—	—	—	1	9	23	24	10	67
12. " " breast	—	—	—	—	2	—	7	—	—	12	27
13. " " uterus	—	—	—	—	—	—	3	—	—	4	13
14. Other malignant and lymphatic neoplasm ...	—	—	—	2	2	1	7	22	10	24	54
15. Leukaemia, aleukaemia ...	—	—	—	1	1	—	—	—	1	—	3
16. Diabetes ...	1	—	—	—	—	—	—	2	1	2	4
17. Vascular Lesions of nervous system	—	—	—	—	2	1	2	13	24	31	73
18. Coronary disease, angina ...	—	—	—	—	2	3	20	44	56	44	169
19. Hypertension with heart disease ...	—	—	—	—	—	—	1	1	1	3	6
20. Other heart disease ...	—	—	—	—	—	—	4	8	8	18	38
21. Other circulatory disease ...	—	—	—	1	—	—	—	2	9	11	22
22. Influenza ...	—	—	—	—	—	—	—	—	3	—	4
23. Pneumonia ...	7	1	—	—	1	—	1	3	4	5	25
24. Bronchitis ...	—	—	—	—	—	1	2	14	3	11	48
25. Other diseases of respiratory system	—	—	—	—	1	—	—	2	1	2	5
26. Ulcer of stomach and duodenum ...	—	—	—	—	—	—	—	—	3	1	4
27. Gastritis, enteritis and diarrhoea ...	1	3	—	—	—	—	—	—	—	—	4
28. Nephritis, nephrosis ...	—	—	—	—	—	—	—	1	1	—	2
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	2	—	—	2
30. Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	3
31. Congenital malformations ...	5	5	—	—	—	—	—	—	2	3	5
32. Other defined and ill-defined diseases ...	7	14	1	1	2	1	3	9	4	6	37
33. Motor vehicle accidents ...	—	1	2	2	—	—	—	3	2	2	14
34. All other accidents ...	1	1	—	—	—	1	1	2	2	1	9
35. Suicide ...	—	—	—	1	5	—	1	5	2	1	13
36. Homicide and operations of war ...	—	—	—	—	—	—	1	—	—	—	1
TOTALS ...	21	27	4	7	12	10	54	164	198	165	638
	48	8	4	9	21	18	89	250	374	464	1285

Table 4.
Deaths in Hospitals and Institutions.

						M	F	Total
Preston Royal Infirmary...	...	...	...	...	...	143	108	251
St. Joseph's Hospital	...	...	...	...	...	12	27	39
Ribbleton Hospital	...	...	...	...	...	9	4	13
Deepdale Hospital	...	...	...	...	...	26	11	37
Willows Convalescent Home	...	...	...	...	...	—	1	1
Sharoe Green Hospital	...	...	...	...	...	86	126	212
Hospitals, other, outside the area	...	...	...	...	...	32	34	66
Total						308	311	619

The figure of 619 deaths in hospitals and institutions represents 48.17% of the total deaths.

Table 5.
Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and P.F.	Accidents Others			
*1900-04	115,048	3,375	29.34	664	197	5	12	5.04	2,178	18.93
*1905-09	117,106	3,207	27.39	516	161	3	11	4.37	1,934	16.51
*1910-14	118,137	2,804	23.73	423	151	2	10	4.28	1,926	16.30
*1915-19	119,497	2,174	18.19	268	123	3	5	3.68	1,845	15.44
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	13.79
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	13.49
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	14.43
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	14.23
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	13.01
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	13.61
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	13.88
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.29
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	12.88
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.38
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.19
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.39
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	11.88
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	12.43
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	12.36
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	12.44
8	115,100	1,864	16.19	58	31	—	—	—	1,457	12.66
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	12.34
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	12.76
1	113,170	2,037	17.99	69	34	—	—	—	1,506	13.31
2	112,130	2,210	19.71	64	29	—	—	—	1,421	12.67
3	111,670	2,070	18.54	57	27	—	—	—	1,432	12.82
4	110,390	2,152	19.49	53	25	—	—	—	1,370	12.41
5	109,030	2,031	18.63	51	25	—	—	—	1,338	12.27
6	107,400	1,956	18.21	46	23	—	—	—	1,389	12.93
7	106,010	1,865	17.59	48	26	—	2	1.05	1,285	12.12

* 5 year averages

Mr. F. J. Ford, Manager, Ministry of Labour, Preston, has supplied the following comments, for which I am grateful.

Employment Situation.

The percentage unemployed at December, 1967 was 2.3% compared with 2.4% for the North Western Region and 2.5% as a national figure.

Trade recession in the textile industry resulted in heavy temporary stoppages of operatives which persisted to early summer. There followed a number of mill closures each of which involved small numbers of workpeople who generally found or were placed in other employment fairly quickly.

Towards the close of the year the first phase of a planned redundancy in electrical engineering took effect but the impact on the labour market was to some extent mitigated by the fact that a number of the workpeople concerned took the opportunity to retire from the employment field. Some redundant workers were absorbed by other engineering firms.

Some shortage of skilled engineering workers persisted during 1967 although apparently not to the extent of previous years.

Employment Services.

5,533 persons were placed in employment during the year. The Professional and Executive Register at Preston filled 163 senior posts against 130 during 1966. Increased numbers of persons used the P and E service which consolidated its already established position as an integral part of the Ministry of Labour's employment services.

The Ministry's Disablement Resettlement Officers at Preston succeeded in placing 514 disabled persons in work. They also continued to maintain regular contact with local hospitals, welfare departments of local authorities and voluntary societies concerned with the problems of disabled persons. During the year 49 disabled persons were allocated to Industrial Rehabilitation Units and Vocational Training Centres.

The Nursing Employment Officer continued to assist in the recruitment of nursing staff for general and psychiatric hospitals in the area and to interview and advise on employment problems of nursing staff as required.

Administration of the Selective Employment Payments Act and the Redundancy Payments Act over a large part of Lancashire continues to be centralised on the Preston Employment Exchange. Officers are available to visit and advise employers.

The Ministry's Local Advisory Committees met regularly throughout the year. The Local Employment Committee (Chairman Mr. A. Cunliffe) considered and advised on various aspects of employment and training. The Disablement Advisory Committee (Chairman Mr. E. Clayton) considered and advised on problems concerning resettlement of the disabled.

The following table shows the Monthly Unemployed Register for 1967:

Table 6. Monthly Unemployed Register, 1967.						
1966	Men	Women	Boys & Girls	Total	Temp. Stopped included in total	%
January ..	1324	522	111	1957	150	2.3
February ..	1584	654	122	2360	657	2.7
March ..	1364	581	115	2060	380	2.5
April ..	1445	696	157	2298	478	2.7
May ..	1459	551	133	2143	489	2.6
June ..	1249	331	83	1663	175	2.0
July ..	1221	358	93	1672	10	2.0
August ..	1344	542	278	2164	255	2.6
September ..	1283	387	152	1822	5	2.2
October ..	1415	408	106	1929	4	2.4
November ..	1411	366	85	1862	5	2.3
December ..	1480	363	73	1916	19	2.3

Mr. Richardson, the Youth Employment Officer, has furnished the following figures in regard to the number of young persons who were unemployed during the year.

Table 7. Number of Young Persons Unemployed in 1967 and the previous year.						
Month	Boys		Girls		Total	
	1966	1967	1966	1967	1966	1967
January ...	26	49	18	31	44	80
February ...	26	62	9	45	35	107
March ...	23	55	10	37	33	92
April ...	32	78	5	38	37	116
May ...	27	61	11	43	38	104
June ...	26	37	5	27	31	64
July ...	18	46	13	26	31	72
August ...	62	91	37	52	99	143
September ...	60	56	25	31	85	87
October ...	37	61	19	18	56	79
November ...	50	57	48	16	98	73
December ...	37	52	21	12	58	64

General Provision of Health Services for the Area

1. MATERNAL AND CHILD HEALTH.

Statistics.

1,865 live births and 41 stillbirths were registered during the year.

Domiciliary midwives notified 29.48% of the total births, 50% were notified from Sharoe Green Hospital and 20.05% from Preston Royal Infirmary.

Investigation of Social Conditions.

140 patients were referred by Sharoe Green Hospital and Preston Royal Infirmary with the request that social conditions be investigated with a view to home confinement. Of these, home confinement was arranged in 76 cases.

The investigations in 48 cases were those of immigrant families, home confinement being arranged in 22 instances, often after great persuasion, immigrant husbands tending to demand hospital delivery for their wives.

Puerperal pyrexia. 1 case was notified during the year.

Stillbirths. Total number notified, 39.

Source of notification—

Sharoe Green Hospital ...	...	...	...	...	20
Preston Royal Infirmary	...	...	...	...	14
Domiciliary practice ...	...	...	...	...	4
Hope Hospital, Salford	...	...	...	...	1

The stillbirth rate of 21.51 per 1,000 related births showed an increase from the rate of 19.55 that applied in 1966 and compares with the rate of 14.8 for England and Wales.

<i>Infant deaths</i>	Preston	England and Wales
Total number of deaths of infants under the age of one year	48	
Infant mortality rate per 1,000 live births ...	25.74	18.3
Number of deaths of infants under one month old	30	
Neo-natal mortality rate per 1,000 live births ...	16.09	12.5
Peri-natal mortality rate per 1,000 total births ...	35.15	25.4

Maternal deaths.

Two deaths occurred during the year, thus breaking an interlude that had continued from 1960 and during which more than fifteen thousand mothers had been successfully delivered. In one instance the death was due to infectious disease and the pregnancy was incidental only. In the other death occurred during operation.

Table 8.
Infant Deaths.

Table 8. Infant Deaths.																			
Cause of Death (Registrar-General's Abridged List)	AGE AT DEATH																Total		
	Days				Weeks		Months												
	0—		1—6		1—3		1 ×		2 ×		4 ×		6 ×		9—12				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
16. Diabetes	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	
23. Pneumonia	—	—	1	—	—	—	1	—	4	—	—	—	—	1	1	1	7	2	
27. Gastritis, Enteritis, Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	1	3	
31. Congenital Malformations ..	1	3	1	2	1	—	—	—	2	—	—	—	—	—	—	—	5	5	
32. { Prematurity Asphyxia and Atelectasis . Other defined and Ill-defined causes ..	2	7	1	2	—	—	—	—	—	—	—	—	—	—	—	—	3	9	
	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	
	1	—	1	—	—	2	—	—	—	—	—	1	—	—	—	—	2	3	
34. All other Accidents	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	1	2	
Total ..	5	13	5	4	2	2	1	1	6	1	—	3	—	1	2	2	21	27	

Premises.

Eight *ad hoc* maternal and child health centres are now available.

Additional sessions are also held at Deepdale, Savick and Ingol.

The accommodation for midwifery remains unchanged.

The Midwifery Service.

The Midwifery Service has had a busy year. Staffing has improved. Ante-natal care has been based on the midwife, family doctor, and the consultant working in close co-operation. The aim of the service has been to give a high standard of ante-natal care, safe and efficient home delivery and post-natal care for the first 14 days after delivery. All mothers delivered in hospital have also been cared for by the midwives from discharge until the 14th day and all premature babies until 6 lbs. in weight regardless of age. The immigrant mother in particular has needed a great deal of help, from both the nursing and the health educational angles; as these women are very resistant to group activity this has had to be carried out in the home.

Table 9.
Place of delivery of Preston mothers during 1967.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary	—	563
Sharoe Green Hospital	53	955
Preston Royal Infirmary	50	383
Maternity homes	—	2
Other hospitals	—	7
Totals	103	1,910

Staffing.

At the end of the year, the local supervising authority was aware of 33 midwives practising in the County Borough, 23 at Preston Royal Infirmary and 10, including the Supervisor, in the domiciliary midwifery service. Two non-practising midwives are also employed in the domiciliary service in a part-time capacity mainly visiting mothers and babies delivered in hospital and one also assists in an ante-natal clinic.

Two midwives left the domiciliary service in 1967—and four new appointments were made.

During the year, 17 pupil midwives from the Christiana Hartley Maternity Hospital Southport, received Part 2 midwifery training from the hostel at 5, Waltons Parade. 15 were successful in the Part 2 Examination of the Central Midwives Board. There were 2 pupils in training at the end of the year. 4 of the domiciliary midwives are approved district teachers and since September 1967 the Supervisor has acted temporarily as the approved teacher to the training school.

There was an inspection of the work of the training school by the Central Midwives Board in October.

Ten obstetric nurse students from Sharoe Green Hospital each spent two and a half days with the domiciliary service.

Pupil midwives receiving Part I midwifery training at Preston Royal Infirmary have attended the local authority parentcraft classes.

Care of the Mother.

All mothers selected for home confinement were asked to book the general practitioner also—there were no exceptions during the year. Weekly ante-natal clinics staffed by midwives were held at eight centres in the Borough. Carrying out routine ante-natal care of booked mothers, the midwives maintained close liaison with the family doctors, the co-operation card being in routine use. By 32/34 weeks of pregnancy all mothers have been also referred to the consultative obstetric clinics held weekly at Saul Street Health Centre where any mother considered obstetrically unsuitable at this stage for home confinement was booked into hospital.

During the year, the midwives have also inspected home conditions on behalf of the maternity hospitals in cases where home confinement was obstetrically possible. Selective booking for hospital or home confinement makes the best use of the entire service.

Two midwives have continued to be attached to one group practice of doctors, and have attended the surgery ante-natal clinics.

During the year 942 mothers made 4,554 attendances at ante-natal clinics as against 846 mothers making 4,481 attendances in 1966. 577 expectant mothers attended the consultative clinics for the first time, and 164 reattended in 1967.

The night rota system has continued to operate efficiently, with the aid of the ambulance service who have accepted and passed over all night midwifery calls to the midwife on duty. This help is greatly appreciated by both midwives and mothers.

Parentcraft classes have been held weekly at Saul Street clinic. Discussions, films and demonstrations arranged by the Supervisor of Midwives and the Health Education Officer are held by the midwives, and attended by mothers booked for home confinement and mothers booked at Preston Royal Infirmary.

Nine courses of afternoon or evening sessions each of 5 weeks' duration were held during the year, comprising:—

1. Talks and films on conception and foetal growth and nutrition in pregnancy.
2. Film and discussion on labour and analgesia.
Prospective fathers and mothers attend this session together, and appreciate the discussion.
3. Practical demonstrations of baby bathing, clothing, and baby care.
4. Breast feeding and management.
5. Artificial feeding, weaning, and mixed feeding with a talk on the importance of immunisation.

152 mothers made 563 attendances, 67 attendances were made by fathers. Entonox analgesia was administered to 103 mothers and Trilene to 256 mothers.

The emergency obstetric unit was not called out. The oxygenaire apparatus was not used.

Results.

During 1967, 1,910 babies were born to Preston mothers. 563 domiciliary deliveries occurred. 510 were delivered by midwives alone and 53 were delivered in the presence of a doctor. For the first time since 1960 a maternal death occurred. In the first instance tuberculosis was the actual cause of death and the pregnancy was only an incidental factor. In the second instance death occurred under anaesthesia during the carrying out of a planned operation.

Complete prevention of death in pregnancy is an ideal not yet attained anywhere but the achievement of over fifteen thousand consecutive deliveries without a maternal death between 1960 and 1967 is undoubtedly a reflex of the high quality of maternal care available in Preston today.

41 stillbirths were registered during the year, giving a stillbirth rate of 21.51 compared with a national figure of 14.8.

Some 18 babies died within the first 24 hours of life and a further 9 died before reaching the age of one week. The perinatal mortality rate showed an increase from 31.08 to 35.15 over the preceding year. This relatively high rate was related entirely to the first half of 1967, the second half year yielding a quite low rate that has continued into 1968. The reasons for the very high rate confined to a defined period of six months are obscure.

The graph shows the perinatal mortality rates in Preston since 1951.

Total confinements and distribution of these confinements between hospitals and nursing homes, general practitioners and midwives for nineteen years since 5th July, 1948, and attendances at Corporation clinics.

Year	DOMICILIARY CONFINEMENTS												CLINICS		
	Hospital confinements	Domiciliary confinements	Total confinements	% domiciliary confinements to total	MIDWIVES		MIDWIVES WITH DOCTORS PRESENT		No. of persons who attended	Total No. of attendances at clinics	Average attendance of each person	Ratio of persons attending to total domiciliary confinements			
					Number attended	% of total domiciliary confinements	Number attended	% of total domiciliary confinements							
1	2	3	4	5	6	7	8	9	10	11	12	13			
1948 from July	829	270	1,099	24.57	172	63.7	98	36.3	222	690	3.11	82%			
1949	1,639	574	2,213	25.94	350	61.0	224	39.0	777	2,994	3.85	135%			
1950	1,669	487	2,156	22.59	323	66.3	164	33.7	602	2,798	4.53	124%			
1951	1,530	454	1,984	22.88	302	66.5	152	33.5	620	3,023	4.88	137%			
1952	1,511	508	2,019	25.16	321	63.3	186	36.7	667	3,311	4.97	132%			
1953	1,454	548	2,002	27.37	424	77.6	122	22.4	770	3,891	5.05	141%			
1954	1,422	487	1,909	25.50	366	75.2	120	24.7	712	3,793	5.16	146%			
1955	1,527	350	1,877	19.18	297	84.9	52	14.9	727	3,593	4.94	208%			
1956	1,526	373	1,899	19.64	310	83.1	63	16.9	670	3,142	4.69	180%			
1957	1,641	391	2,032	19.24	354	90.5	37	9.5	758	3,451	4.55	194%			
1958	1,442	471	1,913	24.62	425	90.2	46	9.8	747	3,981	5.33	158%			
1959	1,486	551	2,037	27.05	506	91.8	43	7.8	934	5,050	5.41	170%			
1960	1,457	603	2,060	29.27	554	91.9	44	7.3	973	5,076	5.20	161%			
1961	1,548	585	2,133	27.42	521	89.7	60	10.3	1,026	5,695	5.55	175%			
1962	1,558	713	2,271	31.39	605	85.2	105	14.8	1,167	6,546	5.61	164%			
1963	1,481	638	2,119	30.11	557	87.3	81	12.7	1,088	6,174	5.67	170%			
1964	1,555	638	2,193	29.09	556	87.1	82	12.9	1,068	5,825	5.45	167%			
1965	1,545	542	2,087	25.97	495	91.3	47	8.7	871	5,160	5.92	161%			
1966	1,450	524	1,974	26.54	482	92.0	42	8.0	846	5,276	6.23	233%			
1967	1,347	563	1,910	29.47	510	90.6	53	9.4	942	5,295	5.62	167%			

PERINATAL MORTALITY RATES, 1951-67

Cervical Cytology

The routine examination of cervical smears was continued throughout 1967 but the demand has slackened and the number of sessions has been reduced in consequence from four to three per week.

The social pattern of women attending has not altered much and clearly we have not succeeded in making very much impression on the social class groups thought to be at greatest risk.

From the 948 women who were examined 12 showed evidence of a cancerous abnormality.

There is still a tendency for women to attend the clinic because of gynaecological symptoms. In all, some 360 women, nearly 40% of those attending, showed some abnormality. Of the gynaecological organic conditions existing the principal one was endo cervical polyp. The infections found were principally vaginitis due to trichomonas or monilia. Twelve cases of gonococcal infection were discovered.

Relevant data are set out in the succeeding tables.

Table 11
Cervical Smears

					Under 25	25-29	30-34	35-39	40-44	45-49	50 & over	Total
Age					45	112	186	187	151	124	143	948
Single	..	..	..	..	1	1	1	2	2	—	1	8
Married	..	..	..	..	44	111	185	185	149	124	142	940
Social Class	1	..	..	..	—	5	5	5	6	2	3	26
	2	..	..	..	6	12	19	30	16	18	10	111
	3	..	..	..	29	80	114	115	97	77	81	593
	4	..	..	..	4	9	23	22	22	16	25	121
	5	..	..	..	6	6	24	13	10	11	13	83
not known	..	..	..	..	—	—	1	2	—	—	11	14
Findings on Examination												
Normal	..	..	..	..	32	63	112	124	96	76	99	602
Abnormal—Cancerous	..	..	..	..	—	1	1	1	4	2	3	12
Gynaecological	..	..	..	..	10	24	45	30	22	24	12	167
Infectious	..	..	..	..	3	27	41	32	34	23	33	193
Gynaecological Conditions												
Chronic cervicitis & erosions	..	..	..	..	10	24	43	27	20	13	4	141
Cervical Polypus	..	..	..	..	—	—	2	3	3	10	7	25
Fibroids	..	..	..	..	—	—	—	—	1	1	1	3
Prolapse	..	..	..	..	—	—	—	—	—	—	—	0
Infections												
Trichomonas Vaginitis	..	..	..	..	1	13	24	16	21	12	20	107
Monolia	..	..	..	..	—	9	9	6	5	3	2	34
Leptothrix	..	..	..	..	—	—	—	—	—	—	—	0
Non-specific	..	..	..	..	2	5	8	10	9	8	11	53
Parity												
0	..	..	..	..	6	5	9	19	14	10	8	71
1	..	..	..	..	12	17	25	18	24	18	27	141
2	..	..	..	..	16	43	63	33	40	36	42	273
3	..	..	..	..	6	21	35	50	28	34	28	202
4	..	..	..	..	4	20	27	32	26	11	11	131
5	..	..	..	..	1	3	8	18	7	5	9	51
6	..	..	..	..	—	1	12	10	3	3	6	35
7×	..	..	..	..	—	2	7	7	9	7	12	44

Table 12.**Abnormalities**

A=Gynaecological Conditions B=Infections

Parity	Under 25		25-29		30-34		35-39		40-44		45-49		50 & over		Total	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
0	—	—	—	1	—	2	1	2	—	3	1	4	—	3	2	15
1	4	1	4	4	5	4	2	1	4	6	2	5	4	6	25	27
2	3	2	8	10	19	14	4	6	7	6	10	4	3	9	54	51
3	2	—	4	6	10	9	8	9	6	9	6	7	2	4	38	44
4	1	—	8	4	9	7	7	7	3	4	1	1	1	3	30	26
5	—	—	—	—	2	2	6	2	—	1	2	1	1	4	11	10
6	—	—	—	—	—	3	2	1	—	1	—	1	1	1	3	7
7+	—	—	—	2	—	—	—	4	2	4	2	—	—	3	4	13
	10	3	24	27	45	41	30	32	22	34	24	23	12	33	167	193

Positive Smears																
Age	Under 25		25-29		30-34		35-39		40-44		45-49		50 & over		Total	
Parity																
0															—	
1									1						1	
2											2		2		4	
3			1						1						2	
4									2						2	
5													1		1	
6							1								1	
7+					1										1	
	—		1		1		1		4		2		3		12	

Family Planning.

The close co-operation with the local branch of the Family Planning Association continues and in addition to the four weekly sessions being held at Avenham Centre another weekly session started at Ribbleson Health Centre in February 1967.

The superintendent health visitor is a member of the executive committee of the local association and the health visitors play an active part in introducing suitable mothers in their districts to the sessions.

The Child Health Service.**Notification of congenital defects apparent at birth.**

43 congenital deformities, including 8 in stillbirths, were notified by midwives during 1967. Some indication of the efficiency of the ante-natal service with its selection of cases for hospital is apparent inasmuch as only 5 of these defects occurred amongst home deliveries that accounted for 29% of all births. All such children are kept under supervision as long as is necessary.

Table 13
Congenital Malformations—1967.
Apparent at Birth

Sub-Group		Diagnostic Group									
		Central Nervous System	Eye, Ear	Alimentary System	Heart and Great Vessels	Respiratory System	Uro-Genital System	Limbs	Other Skeletal	Other Systems	Other Malformations
		0	1	2	3	4	5	6	7	8	9
0	Congenital Malformations N.O.S.										1
	Congenital Heart Disease N.O.S.				2						
1	Cleft Lip			1							
	Anencephalus	6									
2	Cleft Palate			1							
	Reduction Deformities							1			
3	Polydactyly							4			
4	Hydrocephalus	5									
5	Chondrodystrophy								1		
	Intestinal Atresia			1							
	Dislocation of Hip							1			
	Microcephalus	1									
	Talipes							15			
	Mongolism										1
	Interventricular Septal Defect				1						
	Hypospadias. Epispadias						3				
7	Other defects of Male Genitalia						1				
8	Spina Bifida	6									
9	Exomphalos Omphalocele									1	
	Total	18	—	3	3	—	4	21	1	1	2

Clinics.

The medical work continues to be based on the assessment of infant development linked with the special observations of children at risk.

At the end of the year, 353 children were on the observation register.

The health visitors' work at the clinic has correspondingly become more and more a matter of health education and mothers are in turn becoming better acquainted with the basic ideas behind normal child development. The special toddlers' clinics continue to be held and 791 children were seen during the year.

Table 14.
Toddlers' Clinics, 1967.

Clinic	No. invited	No. who attended		No. referred for specialist treatment	No. referred for observation
Brookfield	221	129	58.4%	3	2
Greenbank	174	82	47.1%	—	2
Cuttle Street	202	53	26.2%	—	—
Deepdale	186	105	56.4%	16	8
Ribbleton	205	104	50.7%	5	—
Waltons Parade	158	70	44.3%	3	1
Tulketh Road	185	92	49.7%	10	2
Saul Street	175	68	38.8%	3	2
Avenham	156	88	56.4%	3	1
Totals ..	1,662	791	47.5%	43	18

Welfare Foods.

National dried milk, orange juice, cod liver oil and vitamin A and D tablets were sold at the welfare foods centre at Saul Street clinic and at the ten child health centres in the town. The following table shows the quantities distributed:—

	<i>National dried milk</i>	<i>Orange juice</i>	<i>Cod liver oil</i>	<i>A & D</i>
Welfare Foods Centre Saul St....	3,134	6,890	415	1,041
Child Health Centres	3,855	14,360	1,255	813

In addition proprietary brands of dried milk, cereals, rose hip syrup and other nutrients are sold to mothers who attend, with their infants, at the child health centres.

During the year food to the value of £8,261 was sold. The supply of free nutrients cost the Council £143.

Day Nurseries.

The number of places in the nurseries has remained unchanged, 60 for children under two years and 83 for those from two to five years. There has been a drop of



HALL — RIBBLETON HEALTH CENTRE

8.1% in the number of attendances, double last year's decrease but it has been confined to two nurseries as the attendances at Isherwood St. have increased. At Eldon St. it may to some degree have been due to the employment situation in that area of the town, with the closure of mills, but it was also due to an attempt to keep the number on the register down to the official number of places, because of the condition of the building. Hartington Rd. had an outbreak of measles early in the year which eventually involved almost every child on the register, and at the end of the year chickenpox was present.

The numbers on the register have increased very slightly over the year, mainly at Isherwood St., with a correspondingly slight reduction in the waiting list. During the last few years the number of children under two years of age on the registers has been decreasing and this year it dropped to an average of only 34. This would appear that more young mothers are prepared to delay going to work while their children are still at an age when being at home with mother is all important.

The number of short stay admissions has dropped for the second year running, but only slightly this year. These are usually children of mothers who have to go into hospital temporarily, and room in the nursery is always found for them. There has been little change in those admitted on social grounds, as these are usually children who spend most of their pre-school life in the nursery, and so are well prepared for school when the time comes, and the teachers find they settle in well. The number of children on reduced fees or attending free of charge is 83, a reduction of 10 on last year.

The number of handicapped children has not increased as facilities are limited, and account must be taken of the needs of the other children in the nursery. Those who are admitted settle down very well and soon gain a greater degree of independence.

One family of three, the children of a deaf mute mother and a father who took little notice of them, came three days a week to give them an opportunity to hear normal speech and to encourage them to talk. In another nursery the child of a deaf mute father was admitted. A family of three was taken in for the day to enable the mother to take a young baby to Liverpool Children's Hospital.

Family groups continue to thrive and everyone finds them a great improvement. It is so much more fun to take a group of 7 or 8 on an expedition, be it to the shops or a picnic in the park, than to take a whole roomful of children for a walk in crocodile formation.

Throughout the year the nurseries have co-operated well with other social workers, especially the health visitors, who refer the majority of the priority cases, and with the Children's Department, medico-social workers, police and N.S.P.C.C.

In addition to providing the practical training of their own students, the nurseries are having to cope with an ever increasing demand from outside bodies for visits of observation and in the interests of the children these have to be limited. The student health visitors doing their practical training in Preston spend a few days in the nurseries, as do the students from the Harris College doing the Child Care Course. Every summer there are requests from student teachers to spend a week or so in a nursery to gain practical experience to help them with a thesis. More schools are also asking for some of their older girls to visit.

Table 15.
Summary of Statistics, 1967.

	Eldon St.	Harting- ton Rd.	Isher- wood St.	Total
Attendances	8,445	9,556	12,449	30,450
New children admitted...	38	55	57	150
Children left	39	54	50	143
On Register—				
January 1st	49	54	58	161
December 31st ...	48	55	65	168
On Waiting List—				
January 1st	37	43	32	112
December 31st ...	22	44	33	99
INFECTION :				
Measles	—	48	1	49
Rubella	—	—	3	3
Chicken Pox	19	31	3	53
Whooping Cough ...	—	1	—	1
Mumps	—	1	—	1
Dysentery	—	1	—	1
Scarlet Fever	—	—	—	—
Gastro-Enteritis ...	1	—	—	1
Hepatitis	2	—	—	2
Influenza	—	—	—	—

Table 16.
Children attending the day nurseries on Social Grounds 1967.

	On register on December 31st, 1967	On register at any time during 1967 (including previous column)
Parents separated or divorced	18	45
Mother widow	3	3
Father widower	5	5
Mother unmarried	35	53
Mother in hospital or ill	2	21
Father in hospital	1	1
Father in Prison	2	2
Father continually unemployed	2	2
Poor housing conditions	20	35
Children with speech defects	1	1
Children physically handicapped	3	10
Maladjusted children or parents	5	15
Any other reason	14	18
Total	111	211

Number of 'short stay' children admitted during the year 18

Nursery Nurses: Training Scheme.

All three nurseries are recognised by the Ministry of Health as training nurseries for the purpose of training for the National Nursery Examination Board certificate, and sixteen girls were in training throughout the year. The course begins in September each year and is of two years duration. It is run in conjunction with the Education Department and there is an interchange of students between the day nurseries and the nursery classes and Stoneygate Nursery School for the purpose of providing the practical training. It is hoped that in the near future some of the infant classes will also be recognised for training as the syllabus now covers the age range from birth to seven years. In previous years students have spent two days a week at Alston Hall Day Continuation College studying both general and vocational subjects. In September this year it was decided that they should spend alternate weeks in college, and the other weeks doing their practical training thus providing better opportunities for them to be able to observe the behaviour of the children over a continuous period in the nursery and to make it easier for them to concentrate on their lectures.

Nine students sat for the final examination of the National Nursery Examination Board, together with five from the Education Department and two from Dr. Barnardo's Nursery at St. Annes. Thirteen of them were successful at the first attempt, and the two who sat again gained their certificates in November.

Pre)School Play Groups

A group of mothers in Ashton organised a play group, which has been functioning in a church hall very satisfactorily for some time.

In December 1966 it was decided to start a group at Greenbank Health Centre. A qualified nursery nurse was appointed as the Group Leader and the mothers in the area were invited to a meeting. The response was excellent and it was necessary to draw lots for the places—25 children were admitted. The group meets twice a week from 9.30 a.m.—12 noon and a rota of mothers, two at a time, help the leader. The demand was such that it was soon found necessary to open a second group to meet on two other mornings.

In September a further group was opened in Brookfield Health Centre with an enthusiastic team of mothers to help the leader, a young married infant-trained teacher.

A total of 75 children now attend the three play groups. In addition three other private playgroups are registered with the local authority.

There is clearly a demand for this type of facility and the demand is as much related to parental desire for trained help in the bringing up of children as it is to lessening the mother's burden over a few hours each week.

Health Visiting.

There were 23 whole time Health visitors, 3 part-time and one Superintendent and one Deputy Superintendent on the staff at the beginning of the year. During the year there were 2 health visitor resignations and 1 new appointment. This rather depleted position applied throughout the year as there were no students away in training and therefore none to return to the staff in September as in previous years.

Four student health visitors were appointed for secondment to training to the 1967/68 training course for health visitors. Although approval was given for the

appointment of 6 students it was not possible to fill the additional vacancies. Recruitment of suitable applicants is by no means easy and the only way of maintaining any sort of establishment of qualified health visitors is by this means.

Immigrants.

The domiciliary work among the immigrant population continues to occupy a great deal of the health visitors' time. 100 long stay immigrants were followed up and this involved 190 visits before they were traced or information about them was obtained. In the pre-school population a total of 3,766 visits were made—involving a considerable total in hours as the visits are time consuming because of language difficulties and customs. Frequently it is impossible to make a visit of any value unless the husband or an elder child, who can speak English, are in the house. In nearly all first visits to the new-born it is necessary to make an appointment to visit when the husband will be present.

Diabetic After-care.

A diabetic after-care service was started in 1966 in conjunction with the diabetic clinic at Sharoe Green Hospital. A Health Visitor continues to attend the clinic, discussing problems with new and old patients and consulting with the doctor and the dietitian about treatment and diet.

The health visitor also pays visits to the homes of the patients. A total of 253 visits were paid by her which included 46 visits to non-attenders at the clinic.

Cases Visited by Health Visitors.

							<i>No. of cases</i>
1. Total number of cases	...	...	...	...	...	...	11,839
2. Children born in 1967	...	...	...	...	...	...	1,866
3. Children born in 1966	...	...	...	...	...	...	1,861
4. Children born in 1962-65	...	...	...	...	...	...	5,169
5. Total number of children in lines 2-4	...	...	...	...	...	...	8,896
6. Persons aged 65 or over	...	...	...	...	...	...	1,350
7. Number included in line 6 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	37
8. Mentally disordered persons...	...	...	...	...	...	...	45
9. Number included in line 8 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	1
10. Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	...	...	...	...	...	...	134
11. Number included in line 10 who were visited at the special request of a G.P. or hospital	...	...	...	...	...	...	134
12. Number of tuberculous households visited	...	...	...	...	...	...	310
13. Number of households visited on account of other infectious diseases	...	...	...	...	...	...	359
14. Other cases	...	...	...	...	...	...	745

Extension of Health Visitor Duties.

Over the past 10 years there have been many additions, some of a specialised nature, to the work of the health visitor. Hearing tests on the very young, phenylketonuria tests on the new baby, close supervision of the child "at risk", duties in relation to the cytology clinics, group health education in health centres and in schools, hospital links in relation to the paediatric and diabetic services.

These tasks have been undertaken by a district health visiting staff which has varied little in the intervening years and with 22 whole time health visitors at 31.12.57, 3 part time at 31.12.67.

These newer duties are essential and show that the section has endeavoured to move with the times. This extension has however brought with it a certain amount of frustration on the part of the staff because of insufficient time to pay attention to detail in relation to the family as a whole.

It would seem that there is a need for a close look at the whole field of health visitor duties in order to establish what are the priorities in order that the prevailing high standard of work may be maintained. It is fairly obvious that the possibility of recruiting the full establishment of trained health visitors is remote.

Care of Premature Infants.

Table 17 shows the number of children born prematurely and their survival state up to 28 days after birth.

Table 17.
Premature Infants Survival State.

Birth Weight	Died within 24 hrs. of birth	In 1 & under 7 days	In 7 & under 28 days	Survived 28 days	Total
Babies born at home or in a nursing home and nursed entirely at home or in a nursing home—					
2 lbs. 3 ozs. or less	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs.	—	—	—	12	12
Total	—	—	—	12	12
Babies born at home and transferred to hospital—					
2 lbs. 3 ozs. or less	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	—	—	—	2	2
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	—	—	—	1	1
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	—	—	—	3	3
5 lbs. to 5 lbs. 8 ozs.	—	—	—	3	3
Total	—	—	—	9	9
Babies born in hospital—					
2 lbs. 3 ozs. or less	6	1	—	—	7
2 lbs. 4 ozs. to 3 lbs. 4 ozs.	3	2	—	7	12
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	3	—	—	22	25
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	—	—	35	36
5 lbs. to 5 lbs. 8 ozs.	2	1	—	82	85
Total	15	4	—	146	165
GRAND TOTALS	15	4	—	167	186

Lectures.

HOSPITAL STAFF.

Lectures to student nurses at Brindle Lodge and to those in their final year of training at Preston Royal Infirmary were continued—a total of 16 lectures were given. Brindle Lodge closed as a Joint Preliminary Training School on December 31st—in future the school will be given temporary accommodation at Sharoe Green Hospital. Five students spent a half day each, paying domiciliary visits with the Health Visitors, and four students one each day. This increase from half to one day began in September—the General Nursing Council's new syllabus of training requires that more time should be allotted to the students for the observation of work done in the domiciliary field.

HARRIS COLLEGE.

The second two year Home Office course of training in Child Care commenced in January and 10 students spent a total of eighty sessions within the Health and Welfare sections of the Department for the purpose of observation and practical instruction. Whilst it is appreciated that there should be facilities of this kind available to students, it does place a fairly heavy burden on a depleted and overworked staff.

STUDENT HEALTH VISITORS.

The arrangements for practical training of students taking the Health Visitor Training at the Bolton Institute of Technology were continued and two students attended throughout three terms under the supervision of the Fieldwork Instructor. The course has now been extended to a full twelve months and during the last six weeks the students were in the Department, the whole time undertaking intensive practical training prior to qualification. This is in line with the new syllabus of training of the Health Visitor Training Council.

SCHOOLS.

PARK SCHOOL.

The sixth form housecraft group paid visits to Hartington Road Day Nursery and a senior health visitor went to the school to talk to pupils about the work of the health visitor.

WINCKLEY SQUARE CONVENT.

A group of sixth form pupils visited Avenham Health Centre when a health visitor showed colour slides and lectured on the various aspects of the work of the health visitor.

OPEN AIR SCHOOL.

It has again been possible to arrange for senior girls from the E.S.N. section of the school to spend some time in the Health Centres, observing and carrying out simple tasks. The head teacher was much impressed by the way in which the girls had benefited.

BATH UNIVERSITY OF TECHNOLOGY.

A second year sociology student spent five weeks with the Health and Welfare sections. This is the first time a student has been accepted from this University.

SALVATION ARMY.

A health visitor showed colour slides and spoke to a group of 38 women on the various services provided by the Health Department.

BRITISH LEGION

A senior member of the health visiting staff visited the local branch's women's group and spoke about the services for aged and handicapped persons.

ASSOCIATION OF TEACHERS OF DOMESTIC SUBJECTS.

A senior member of the health visiting staff was one of the speakers at the annual meeting of this association.

Parents' Clubs.

The three clubs Avenham, Ribbleton and Greenbank have held regular meetings throughout the year. The Greenbank club does not have a membership like the other two in spite of the fact that several social occasions have been arranged to try to attract members. The area which this Club serves is somewhat compact and established and this has, without doubt, some bearing on the situation.

All Meetings arranged have been of educational value to the members of the three clubs and have been much enjoyed and appreciated.

Miscellaneous Services.**Audiology Clinic.**

The Audiology Clinic was held at Saul Street in 1967.

The number of children attending was 67. Of these 48 were new cases, of the new cases:—

14 cases were referred by H.V.'s—Failed to pass Routine Screening Tests.

15 cases were referred by A.M.O.H.

17 cases were referred by Paediatrician.

1 case was referred by E.N.T. Specialists.

1 case was referred by G.P.

No Hearing Loss	0-1	1-5	5-15	Total
<i>Discharged</i>	5	48	—	53
Referred to				
<i>E.N.T. Specialist</i>				
Hearing Loss	—	1	—	1
Other Causes	—	3	1	4
<i>Referred to G.P.</i>	—	1	—	1
<i>For continued observation</i>				
(a) Speech defect	—	3	—	3
(b) Mental retardation	—	3	—	3
(c) Other causes	—	2	—	2
Total				67

One child was found to be severely deaf and has been recommended for admission to a Special School, and provided with a hearing aid.

Dental Treatment.

Mr. A. Kershaw, the Senior Dental Officer, has supplied the following report:

"The majority of expectant and nursing mothers requiring dental treatment are attending their practitioners who are operating under the National Health Service.

The record of work done for this category and for pre-school children is shown in Table 18."

Table 18							Children 0—4 years	Expectant and nursing mothers
Inspections								
First inspections	..	..	..	..	..	..	35	8
Requiring treatment	..	..	..	..	..	..	27	8
Offered treatment	..	..	..	..	..	..	26	8
Visits								
First	..	..	..	..	..	..	29	8
Subsequent	..	..	..	..	..	..	45	30
Total						..	74	38
Additional Courses of treatment commenced							1	—
Fillings	..	..	..	..	..	..	35	25
Teeth filled	..	..	..	..	..	..	33	22
Teeth extracted	..	..	..	..	..	..	63	32
General Anaesthetics	..	..	..	..	..	..	25	1
Emergencies	..	..	..	..	..	..	28	4
Prophylaxis	..	..	..	..	..	..	—	9
Courses of treatment completed							28	3

Ear, Nose and Throat Clinic.

Facilities for the diagnosis and treatment of ear, nose and throat conditions exist through the clinic run as part of the School Health Service. The following is a summary of the work done for pre-school children:

New cases	...	...	...	...	...	...	12
Re-inspections	...	...	...	...	...	...	29
Referred for:							
Operative treatment	...	...	...	...	...	...	9
Treatment in clinic	...	...	...	...	...	...	1
Observation	...	...	...	...	...	...	23
X-ray	...	...	...	...	...	...	—
Audiometry Test	...	...	...	...	...	...	4
Deaf Aid	...	...	...	...	...	...	1
Treatment:							
Operative	...	...	...	...	...	...	4
Clinic	...	...	...	...	...	...	—
Total attendances	...	...	...	...	...	...	41

Ophthalmic Clinic.

The majority of pre-school children dealt with were seen at the squint clinic. The following is a record of the work done on pre-school children during the year:

Number of children dealt with	...	...	...	37
New cases	...	...	...	20
Refractions	...	...	...	24
Re-inspections	...	...	...	25
Prescriptions given	...	...	...	6
Referred for:				
Operative treatment	...	...	...	5
Orthoptic treatment	...	...	...	—
Total attendances	...	...	...	45

II. HOME NURSING.

During the year 2,645 patients received treatment from the district nurses, of these, 1,942 were new patients. The number of visits paid by the nurses in their homes was 77,467 and of these 706 were visits to the very ill patients requiring evening sedation. 620 visits were paid to children under 5 years while visits to patients over the age of 65 years totalled 50,834. The number of visits to the latter have increased over the past years. These visits can be very time consuming especially where the patients are living alone and have refused either hospital or hostel accommodation. 741 visits were made by patients to the clinic which is held each weekday evening at 4 Walton's Parade.

The use of incontinence pants and pads are very helpful in the nursing of incontinent patients and are greatly appreciated by both patients and relatives.

4 people working for the Marie Curie Memorial Foundation were able to give assistance with night nursing to the relatives of 9 patients suffering from carcinoma.

During the year two nurses took the District Nurse training course.

Table 19.
Summary of the work of the District Nurses.

	No. of cases at beginning of month	New cases	Terminated				No. of cases at end of month	No. of visits
			Re- covered	Hosp.	Died	Other causes		
January ..	703	176	105	30	24	16	704	6,780
February ..	704	163	92	20	23	10	722	6,191
March ..	722	146	102	22	23	14	707	6,577
April ..	707	145	81	31	16	18	706	6,111
May ..	706	151	91	29	25	20	692	6,589
June ..	692	169	87	30	29	7	708	6,294
July ..	708	163	117	20	31	15	688	6,500
August ..	688	154	87	33	23	13	686	6,422
September ..	686	177	88	23	21	20	711	6,447
October ..	711	173	95	34	27	14	714	6,775
November ..	714	143	103	31	16	11	696	6,203
December ..	696	182	103	26	38	17	694	6,578
Total for year .	—	1,942	1,151	329	296	175	—	77,467

Table 20.
Visits paid by district nurses in each of the past five years.

Year	First visits.	Total visits
1967	1,942	77,467
1966	2,066	77,115
1965	1,965	75,758
1964	1,968	74,347
1963	1,830	71,960

Table 21.
Conditions dealt with by district nurses during the year.

	Number of cases	Number of visits
Heart disease	150	6,161
Cancer	168	5,381
Cerebral vascular disease	166	7,504
Blood diseases	400	9,481
Diabetes	58	12,723
Tuberculosis	54	2,721
Other chest diseases	222	4,077
Other infectious diseases	32	243
Post operative cases	256	5,358
Fractures	37	1,052
Varicose ulcer of leg	74	3,495
X-ray preparation	175	540
Local infection.. .. .	76	1,267
Constipation	83	495
Complications of pregnancy	112	1,214
All other conditions	582	15,755
Total	2,645	77,467

Table 22.
Cases of infectious disease and complications of pregnancy
visited during the year by district nurses.

	Number of cases	Number of visits
Pneumonia (all forms)	48	691
Tuberculosis	54	2,721
Influenza	9	96
Tonsillitis	22	141
Chicken Pox	1	6
Threatened Miscarriage	3	10
Anaemia of Pregnancy	82	977
Furunculosis	1	6
Breast Abscess	7	54
Phlebitis	1	8
Caesarian Section	2	28
Anaemia following Abortion	3	20
Abortion	1	1
Puerperal Pyrexia	9	87
Tuberculosis Contact	3	23
Total	246	4,869

III. HOME HELP AND NIGHT ATTENDANT SERVICE.

The Home Help Service continues to operate in relieving the needs in the homes of the sick, and in some cases allowing the breadwinner to continue with his work with the knowledge that the sick person is cared for in his absence, thus not only relieving the mental strain and worry, but taking over the greater part of the care of the sick person and household chores. Sharing the load has in many cases prevented a breakdown on the part of the breadwinner, and in all cases has brought a large measure of relief to all.

The service is supervised by a Home Help Organiser who visits each home to ascertain the degree of illness, the help available in the family and the amount of help needed in each case. Priority is given to maternity cases, the elderly, infirm and chronic sick cases and also cases of sudden incapacitating illness in the home.

There is a staff of 101 home helps to carry out these duties and each is given the work for which she has the most aptitude and ability. The average monthly cases was 859 and the amount of time given to each case was from three to eight hours each day according to the assistance needed. The present charge of 3/- per hour can be reduced in accordance with a prescribed scale of charges.

Amongst the many cases given assistance was a family where the father was a polio case and paralysed from the waist downwards and could only get around in a mobile chair. There were five children whose ages were 14 years 12 years 11 years 4½ years and 21 months and the mother was expecting a sixth child. It was imperative she should have her baby in hospital but she was at first adamant in her refusal to do so. She did not want to leave her family. After a good sound talk she at last promised to have her confinement in hospital and a home help was sent in for one half day each

week for three weeks, firstly to get the children accustomed to her, but also and more importantly to give the mother the assurance that the children would be well and adequately cared for. The home help took over when the mother entered hospital and on her return the youngest child had to be persuaded to leave the home help and go to his mother, but within a short time nature asserted itself and the happy relationship was restored between mother and child.

Another case was that of a mother of five children whose ages were 11, 7, 5, 2, and 1 year. The mother was divorced from her husband and was expecting a sixth child and was also suffering from anaemia. The father of the two youngest and expected child was separated from his wife and lived with his mother. The home was not too clean and very untidy. A home help was sent in to clean up the house thoroughly and to go one half day weekly to keep it clean until the confinement, during which time she took over the care of the entire family until the mother was able to resume her duties. When the baby was eight weeks old a further request was made for assistance by the probation officer as the mother had been confined to bed with lumbago during which time her mother had looked after her but had returned to Scotland. The home help was sent in for a further period of one half day weekly for four weeks as the woman by this time had to a large degree recovered, but not sufficiently to attend to the heavy work in the home.

A further case was that of a woman of 21-years-old. She had two coloured children $4\frac{1}{2}$ and 2-years-old, and was expecting a third child, and her husband, an Italian, who was not the father of the third child had left her. The home help sent in to this case lived in the same block of flats and was briefed to keep a close watch on the woman in case labour started. The baby was born at 7 p.m. and all went well, the home help taking over the care of the family until the mother was able to resume her normal duties.

A further case was that of an unmarried woman of 22-years-old and pregnant and with one child $1\frac{1}{2}$ years old. The arrangements she had made for her care during her confinement had at the last moment broken down and an urgent telephone call from the midwife resulted in a home help being sent in post haste, the baby was born two hours later, and the home help having arrived before the baby was born took over the care of the family until the mother herself could do so.

A very sad case was that of a coloured man whose wife had left him. He had two boys whose ages were 8 and 7-years-old. He was particularly anxious to keep his children and his home, but the problem was getting the children off to school each morning. This was easily solved by sending in a home help to get the children up, give them breakfast and see them off to school. The home help returned in the afternoon so that the boys would not be returning to an empty house and also to make them tea and stay with them until their father returned at 5.30 p.m. each night. This service continued for two months after which the man formed an association with another woman who went to live with him and take charge of the family.

A further case was that of a mother of three children; she was 29 years old, her husband 22 years old, and the children's ages were 3 years, 1 year and a baby 11 days old. The husband had taken his holiday leave to look after his wife during the confinement but had to return to work after this two week period. His wife was not the best of housekeepers and a home help was sent in to give the place a thorough clean and give her a clean start with the new baby, after which she stated she felt the house and the family all looked as though they had been spring cleaned.

A further case was that of a man and wife whose ages were 53 years the man and 43 years the woman. They had two children whose ages were 3½ years and a baby 11 months old. The man had a sudden seizure and was for a time paralysed. The care of the husband and a young family was far too much for this mother to cope with, and although neighbours were kind and helpful it was essential she should have some assistance in the home if she were to continue to look after her family, otherwise there was a grave danger she would collapse under the strain. A home help was speedily sent in and took over the greater part of the household chores. The man gradually recovered and although he still walks with the aid of a stick the woman can now manage her own household duties and the home help has been withdrawn.

A further case was that of a wife of 38 years whose husband had been admitted to a mental hospital. There were three children whose ages were 13, 11 and 7 years and she herself was a spastic. The thought of managing the home and her family without the help of her husband proved too much and she became almost demented with worry. A home help was sent in to assist her and after a few weeks the husband returned home but the home help was allowed to continue to assist until both husband and wife were capable of accepting the responsibility of the home and family.

Probably the saddest cases of all are those who return home from hospital with an inoperable cancer, very often in the middle years of life. Where the man has had to go to work the home help has been sent in to the home to care for the wife and relieve the burden of worry from the husband. Where the husband has been the patient the home help has been sent to assist the wife and sustain her during what is always a very trying and heart-breaking period. The patient never knows the nature of his illness, and invariably the same remark is made, "I will be better in a few weeks' time and I won't need any more help then". Usually they are right, they do not need any help from any living person, but during the period of need every assistance and help possible is given to them.

Cases where the elderly parent has been gravely ill and sons and daughters have been working or had young children to attend to have been relieved of much anxiety in the knowledge that a home help was attending the needs of the sick parent. However willing some of them have been to attend to sick parents they could not afford to stay away from work to do so. Without exception they have all been grateful for the assistance given.

A new aspect of life has been unfolding, not only for the people re-housed from the clearance areas, but also for the home helps. Trying to maintain a reasonable standard of cleanliness in homes with soot-begrimed walls, small windows through which the amount of natural lighting has been greatly limited due to the nearness of the walls of the opposite houses, very often rickety wooden stairs leading to damp depressing bedrooms, kitchens with uneven floors, yards with broken flag-stones, where every drop of water had to be heated on a fire or a small gas jet, where windows will not open to allow a measure of fresh air into the house, the chimney belches soot and smoke indiscriminately on persons' food and furnishings alike, can be a superhuman task for even the most valiant hearted. The pleasure of planning before re housing is only outmatched by the pride of possession in the new home.

The task of what to take, what to leave behind, the buying of new floor covering and curtains, all add a new interest to life for the person being rehoused. For the home help the pleasure of cleaning with an unlimited supply of hot water, even floors,

light airy rooms, windows which can be opened and when the task is finished doing what every housewife likes to do, looking around on a nice shining clean home and feeling a sense of satisfaction and pride in the work done.

The effect on the elderly when rehoused is very obvious. From being listless, disinterested and sometimes disgruntled, they take on a new interest in life, a pride in their new home, and are removed from the danger of inhaling soot from open fires, and the danger of falling on rough uneven floors.

When one reflects that for 52 weeks in the year they have lived under such depressing and dangerous conditions, one can understand the depression and melancholy which oppresses them.

The feeling of achievement and pride by all who have been responsible for removing these hideous conditions from human creatures, must be very great indeed.

Night Attendance Service.

The night attendant service is run on similar lines to the home help service and is designed to help relatives and friends of invalids who are too ill to be left alone during the night with any degree of safety.

During the year 36 cases were assisted and 5 night attendants were employed.

Amongst the cases assisted were a man and wife, the man 91, the woman 87 years old. The man had a thrombosis, and his wife was senile. The care of the man was completely beyond the ability of his wife. Relatives took over the care of the invalid during the day but could not also attend at night time. The night attendant took over until the man was admitted to hospital.

A further case was that of man and wife, the man aged 79, the woman aged 80. One son 43 years old at work during the day time. The wife was very alert for her years and could manage during the daytime, the son taking over at week ends. The night attendant took over during the night until the man, after a period of three weeks died.

A further case was that of an elderly woman living alone, she had no relatives but the neighbours helped during the daytime and weekends. She was a sweet person and had made friends with most of her neighbours who were eager to help. She had a heart attack and was gravely ill for two weeks, but began to recover and later when she was well enough to do so gave up her home and went to live in the Little Sisters of the Poor as she stated she no longer felt well enough to live alone.

A further case was that of a widow living alone, suffering from an inoperable cancer. She was given home help to assist her and gradually her condition became acute and a night attendant was sent in to assist her during the night time until after a few weeks she died peacefully in her own home which is what she greatly desired to do. Three of her sisters all greatly attached to each other helped every evening and weekend, when the end came, despite their grief they were most grateful for the help given to them during those sad weeks.

Table 23.
Home Help Service.

1967	Existing	New	Terminated	No. being assisted at the end of the month
January ..	844	33	35	842
February ..	842	37	39	840
March ..	840	28	26	842
April ..	842	33	31	844
May ..	844	33	32	845
June ..	845	29	13	861
July ..	861	20	14	867
August ..	867	34	32	869
September ..	869	25	26	868
October ..	868	33	30	871
November ..	871	30	33	868
December ..	868	31	12	887

IV. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Chiropody.

The Chiropody service started in May 1960 for aged persons and expectant mothers under the National Health Service Act 1946, was continued in 1967.

At the end of the year fifteen clinic sessions and four domiciliary sessions were carried out by seven chiropodists employed on a sessional basis.

During the year 6,213 treatments were given to persons attending the clinics and 1,441 treatments were given to the housebound.

The number of patients receiving treatment at the end of the year was 1,095.

A very useful service is provided by the W.R.V.S. in carrying out clerical duties and assisting the chiropodists generally in their work.

Convalescence.

41 patients were referred for convalescence, 32 women and 9 men, only 8 of these were under 60 years of age and only 2 under 50. Not all these patients were suitable for convalescence, but even so it was only possible for the authority to send 26 away. Two others paid their own fees and another was sponsored by a couple of voluntary societies. The reduced number going away was partly due to increased charges by convalescent homes, and also to the fact that more patients this year were so handicapped or frail that they could only go to homes where nursing care was available, and this inevitably cost more.

Of the 26 patients who were sent for convalescence only 5 were under 60 years of age, 2 of these suffered from chronic ill-health and one was physically handicapped. The other two were both mentally handicapped, but both looked after a physically handicapped relative, one a sister and the other a mother.

No patients recovering from acute illness or operations were referred by their doctor to recuperate before returning to work or household duties.

The service is being increasingly used for the elderly and handicapped as a fillip to help them carry on for the remainder of the year. For those patients living alone and many of them almost housebound, this brief contact with fresh faces and new surroundings does give them that stimulus. It is also a great help to those families who have a frail, elderly relative living with them, as it enables them to get away for a holiday themselves, as well as giving the relative a change. This of course can only affect a very minute proportion of those people in such circumstances, and for this reason different patients are sent away each year.

The number of persons sent for convalescence and the homes accommodating them are as follows:—

VOLUNTARY AGENCIES

Evelyn Devonshire Home, Buxton	...	...	...	...	...	2
Lear Home, West Kirby	...	...	...	...	...	1
Boarbank Hall, Grange	...	...	...	...	...	1
Godfrey Ermon Home for the Blind, Southport	...	...	...	...	...	1

PRIVATE HOMES

Gables, Southport	...	...	...	...	...	5
Rest Home, Southport	...	...	...	...	...	3
Holcombe, Blackpool	...	...	...	...	...	3
Horncliff, Blackpool	...	...	...	...	...	2
St. Anne's Rest Home	...	...	...	...	...	4
Lowther View, Lytham	...	...	...	...	...	3
Preston	...	...	...	...	...	1

Domiciliary Meals.

The meals on wheels service continues to deliver meals to people who are unable to prepare a meal for themselves or due to living alone would not trouble to do so. In addition to saving many from suffering from malnutrition relatives have been able to continue working with peace of mind in the knowledge that elderly and infirm relatives have been receiving good substantial meals, and to those with no relatives it is a great boon, as one old lady put it, "your dinners are real nice, and old people like myself who cannot get out are very glad of them, and the cheerful lady who delivers them is very nice always a smiling face whatever the weather is like".

There are at times recalcitrant patients where the powers of ingenuity have to be invoked. One such case was referred by a general practitioner with the observation, he may not let you in the house, and watch out for the dog. On the way to visit the man a call was made at the local butchers, and duly armed with a small parcel the house was reached. A knock at the door brought no response, a further knock brought a face to the window and a loud request to go to a place where I would not need an overcoat. A plea to be allowed in the house resulted in a repeated request to make the same journey where I would find all my ancestors.

Holding up the parcel the remark was made that it contained his dog's dinner. This also had no effect. Suddenly on the roadway was another Fido, so holding out the parcel the man was gently told the dog outside would be given the meat. With a bound to the door and a request to hold on a minute the door was opened and I was inside the house to be greeted by a mongrel of doubtful parentage. Slowly the dog was fed, the old man watching but not saying one word. The last morsel having

been devoured by the dog a move was made to leave the house, but privately with no intention of doing so, suddenly the old man stated, "I thought you had come to see me," "So I did, but you stated you did not want to see me," was replied. "Well if my dog likes you, you can stay." Finally everything was arranged, a home help to attend to his home, and meals to sustain and feed his body. When on the point of leaving I was informed, if my dog doesn't like the woman you send I won't let her in. You won't have to worry about that in the least, you see the woman I am going to send you is a member of the R.S.P.C.A. and she will be able to help you if ever your dog gets sick was replied, and so a difficult old man was left happy and contented. Leaving the house I reflected on an observation once made, you can rob a man of his money, even his wife, but if you hurt his dog then God help you, you will need it.

Again a special Christmas dinner was served during the Christmas period, Turkey, mashed potatoes, roast potatoes, carrots, sprouts and peas, followed by Christmas pudding and a mince tart. This is a wonderful treat greatly appreciated as many old people would never get any Christmas fare, and they are made to feel they are enjoying Christmas just as much as everyone does.

During the past year 495 persons received meals and 27,396 meals were served. The cost of the meal to the recipient was one shilling.

Over Sixties Clubs.

The three clubs run by voluntary effort and held in the Health Centres at Ribbleton, Greenbank and Brookfield have continued to flourish. Membership at Ribbleton had fallen off, but 1967 has seen a return to former numbers.

The members are all most appreciative of a place to meet within striking distance of their homes and thoroughly enjoy the modern, comfortable facilities together with the companionship.

Laundry Service.

The laundry service continues to be provided from the laundry at the Civic Hostel and maintains its efficient and helpful function in the domiciliary nursing care of the patients.

This service is most useful for incontinent patients where there is insufficient help in the home or where facilities for washing and drying are inadequate. It is also used for the disabled who are unable to make satisfactory arrangements for laundering either in their homes or through the ordinary commercial laundries. Laundry is collected and delivered once or twice weekly depending upon the necessity. 33 cases benefited from the service during 1967.

Provision of Nursing Equipment and Apparatus.

LOAN OF EQUIPMENT.

General nursing equipment and apparatus are provided by the St. John Ambulance Association.

This service has been supplemented directly by the Corporation in the provision of various items of equipment.

The loan of linen is very much appreciated especially where the patients are incontinent and the supply of linen available is insufficient to meet the demand. It is a great asset to the nurses and does help to maintain a more efficient nursing service.

EQUIPMENT LOANED DURING 1967.

Sheets	...	...	...	...	69
Blankets	...	...	...	...	6
Towels	...	...	...	...	14
Pillows	...	...	...	...	6
Bedsteads	...	...	...	...	9
Rubber sheets	...	...	...	...	9
Draw sheets	...	...	...	...	204
Pillow slips	...	...	...	...	30
Nightgowns	...	...	...	...	3
Pyjamas	...	...	...	...	1 Pr.
Mattresses	...	...	...	...	10

Health Education.**Schools.****Lectures and Film Shows.**

The Social Services in Preston, Hygiene in School, Smoking and Health, The Mental Health Services in Preston, Dental Care, Emergency Resuscitation, Intestinal Tract Infections, Sex Education, were some of the subjects on which illustrated talks and films were given to organisations in Preston. These films and talks are provided free to Young Wives' Groups, Church Groups, Professional Societies, Youth Clubs etc. and it is pleasing to report that more organisations are making use of this service.

A number of lectures were arranged for members of the Health Department Staff on various topics, including Clean Air, Drugs, Sterilisation of Feeding Bottles, Family Planning. It is planned to hold monthly In-Service Training sessions for members of the Health Department Staff during the following year.

Schools.

An increasing number of Lectures and illustrated talks were given in schools during the year on such subjects as Accidents in the Home, Menstruation, Immunisation, Pregnancy and Childbirth, Health and Welfare Services provided by the Local Authority, Venereal Diseases.

"Mothercraft" was introduced into another Secondary school during the year. The School Health Visitor giving talks, practical demonstrations, and leading discussions on subjects such as Bathing Baby, Birth of a Baby, Nutrition, Hygiene in the Home, Baby Feeding, Baby's Clothes.

Another Secondary school introduced Sex Education for the fourth-year children. A programme included the following films "Learning to Live" (boys and girls), "To Janet a Son"—Birth of a Baby (girls only), "From Boy to Man" (boys only). Small discussion groups were formed between showing of the films. Other schools continue to make use of the Health Education Section for information and help in this subject.

Health Education Groups.

Although the health education groups held at the Health Centres were temporarily suspended to allow Health Visitors to concentrate on an immunisation campaign, these talks were given monthly for the most part of the year. Subjects

covered were—Cervical Cytology, The Menopause, Home Accidents, Food Hygiene, Child Development, Nutrition—Milk, Immunisation, Family Planning etc.

These illustrated talks and discussions afford young mothers the opportunity of obtaining practical information on Parentcraft.

Parentcraft

Each Thursday afternoon and evening talks and practical demonstrations were given at Saul Street Clinic, to Mothers-to-be (fathers were invited and attended). The subjects covered, in this series of five weekly classes, were Nutrition in Pregnancy, Baby's Layette, Breast Feeding, Artificial Feeding, Birth of a Baby, Bathing the Baby.

POSTERS AND LEAFLETS.

Leaflets covering a wide range of health matters were purchased and distributed through Health Centres, Health Visitors, Midwives and other members of the department. A steady stream of requests for literature came from students and school-children. Posters were displayed in Health Centres, Schools, public hoardings and bus windows on varying topics which included a special poster campaign for the "Cancer Smear Test".

NEW VISUAL AIDS.

The following films and filmstrips have been added to the Health Education section visual aids library:

- Tailored for Timothy (Artificial Baby Feeding)
- Keep Smiling (Dental Care)
- Acne and Dandruff
- Immunisation
- Diabetes
- Birth
- Epilepsy
- Your First Baby
- Hygiene of Food Handling, Parts I—III
- Preparation for Retirement
- School Health Service
- Home Help Service
- Menstruation
- First Aid at Home
- The Public Health Inspector

EXHIBITIONS AND DISPLAYS.

During Mental Health Week, the Health Department, Whittingham Hospital and The Harris College of Further Education staged an exhibition at the Handicapped Persons' Workshop and Social Centre in Deepdale Road. The theme of the Exhibition was "Mental Health—Work to be done" and various exhibition stands depicted the qualifications required for workers in the Mental Health Field, and the training given in various branches of the work. Lectures were given by those responsible for the training of Psychiatric Nurses, staff of Junior and Adult Training Centres, and Psychiatric Social Workers.

The Lancashire Evening Post window was again used to draw attention to the mental health services provided in Preston.

Cervical Cytology—Cancer Smear Test, Have an X-ray, Don't give germs a chance, Mental Health, Cuts and Gashes can Kill, Is your Child Immunised? Fire-works—Better Safe than Sorry, Cold Can Kill, No Accidents this Christmas, were the themes of displays in the health education window in Lancaster Road.

A portable display unit was used in health centres to draw attention to the need for immunisation against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis.

DRUG DEPENDENCE.

During March a conference was arranged in the concert room of the Handicapped Persons' Workshop and Social Centre to which were invited Head Teachers, Health Department Staff, Voluntary Social Workers, Magistrates, Police, Youth Leaders, Probation Officers, Ministers of Religion. Dr. Caruana, the Deputy Medical Director of the Central Council for Health Education was invited to speak on "Drugs and their Significance". A film entitled "Narcotics—The Decision" was shown and was followed by general discussion on the subject under the chairmanship of the Medical Officer of Health.

In order to emphasise the fact that drugs were readily available to children in Preston, the Medical Officer of Health displayed a collection of "soft" drugs (including cannabis, that had been purchased the previous evening outside the Municipal Building.

Lectures on the subject of drug dependence were given to Members of the Police Force, the Youth Leaders Council, The Diocesan Youth Advisory Council and a Youth Club. It is intended to make a lecture tour of the Youth Clubs early in the new year.

Physically Handicapped.

The Health Visitors paid 1,165 visits to physically handicapped persons during the year.

The demand for the loan of aids has not decreased in spite of the fact that a domiciliary physiotherapy service has not been in operation, but general practitioners appear to have made more use of the service.

Some 65 items were loaned during the year.

- Tripods—28.
- Quadrupeds—1.
- Walking sticks—3.
- Under arm crutches—1 pair.
- Elbow crutches—1 pair.
- Walking sledges—3.
- Long handled shoe horns—4.
- Zinner picking up tongs—4.
- Mobile lifting poles—2.
- Commodes—3.
- Commode base—1.
- Fracture boards—3 pairs.
- Bed tables—3.
- Bonaped walk aid—1.
- Dunlopillo mattress—1.
- Rubber bed sheets—6.

Cerebral Palsy.

Cerebral Palsy varies greatly in severity from one case to another, and many of the less afflicted cases are able to carry on their activity without help or supervision. Some of the more severe adult cases who are disabled and who may need help in various ways are registered in the Welfare Section and many of the children affected are known through the School Health Service.

The cases known to the staff are recorded in the following table.

Table 24. No. of known cases of cerebral palsy and epilepsy.							
Ages			Cerebral palsy			Epilepsy	
			Males	Females	Total	Males	Females
—5	...	...	3	5	8	—	—
5+	...	...	3	8	11	3	1
10+	...	...	10	5	15	3	1
15+	...	...	12	8	20	5	18
20+	...	...	10	11	21	8	18
30+	...	...	13	5	18	4	9
40+	...	...	1	1	2	1	8
50+	...	...	1	1	2	2	4
60+	...	...	2	—	2	—	2
70+	...	...	—	1	1	—	1
80+	...	...	—	—	—	—	1
Total	...	...	55	45	100	26	63

There were 55 males and 45 females registered as having cerebral palsy. Twelve children attended the Open Air School. Two children of school age attended the Spastic Day Centre on five days per week and five children under school age also attended from two to five days each dependent on needs.

Six men and four women attended the Handicapped Persons' Workshop and Social Centre.

Twelve men and six women were employed in open industry and six men were working in sheltered employment either at the Adult Training Centre or Remploy.

One man and two women are accommodated in special hostels.

Epilepsy.

At the 31st December, 1967, there were 26 males and 63 females registered as epileptics.

Two children attended the Open Air School and two a special school, and five came within the province of the Mental Health Act.

Five men and eight women were in psychiatric units.

Six men and twelve women were working in open industry and one man was in sheltered employment.

There are five women in Epileptic Colonies and one man in ordinary Part III accommodation.

One man and four women attend the Handicapped Persons' Workshop and Social Centre.

Problem Families.

The Co-ordinating Committee met on 10 occasions during the year and representatives from all the departments, or organisations concerned in the work of the committee made attendances.

The problems of some 48 families came under discussion during the year. Seven new cases were brought forward and 4 were removed from the register as they had either left the town or it was considered that they no longer presented a problem of any real gravity.

The main basic problems of the problem family would seem to be factors relating to subnormality or immature personality of one or both parents, the inability or refusal to accept parental responsibilities and the apparent satisfaction with an income from the Welfare State. When a man is unable to earn, in whole time employment, little in excess of that which he would receive in benefits from the State without the effort of having to work, there is little incentive for such types to find regular employment. This kind of situation does not help those social workers who are endeavouring to effect a rehabilitation.

Unfortunately there is frequently a mushroom-like growth in these circumstances and the family having become conditioned to the state benefits then seek further benefits from any hand that will feed. The rehabilitation of such families is well nigh impossible and one can, at the most, only hope to stem the tide.

V. AMBULANCE SERVICE.

The number of staff employed remained the same at 1 station officer, 1 deputy station officer, 29 driver-attendants and 4 female telephonists.

One ambulance was replaced during the year.

Certain large councils were asked by the Minister to arrange experimental courses for ambulance personnel as outlined in the first report of the Working Party on Ambulance Training. One man commenced such a course for a period of six weeks in November at the Lancashire County Council.

Once again the persons carried and the miles travelled increased to 68,957 patients and 183,512 miles. An average of some 260 persons covering 700 miles were transported by the service every working day of the year. The vast majority of the work being performed between the hours of 8.30 a.m. and 5 p.m., is primarily concerned with the routine transportation of sitting case patients to hospital out-patient departments for treatment and to the various centres operated by the local authority.

A disturbing feature of the hospital out-patient work is the number of abortive journeys undertaken. During one month a total of 131 patients did not require transport when the ambulance called. The reasons given varied from "not required until later date or time" to "made own way to hospital". A closer liaison with the hospital services and their clearer appreciation of the pressures on the ambulance service is certainly indicated.

During the year 376 road traffic accident calls were answered in the borough. An expected feature of this type of work is that over one third of accidents occur between the hours of 5 p.m. and 7 p.m. An encouraging testimony to the efficiency of the communication system and to the service generally so that the average time taken to reach the scene of the accident was 4.6 minutes from the time of receiving the call at the station.



READY FOR ANY EMERGENCY

Illustrations.

1. Persons carried and mileage covered since 1952.
2. Annual work load by calendar month.
3. Graph—hourly incidence of road traffic accidents requiring ambulance service.

Table 25

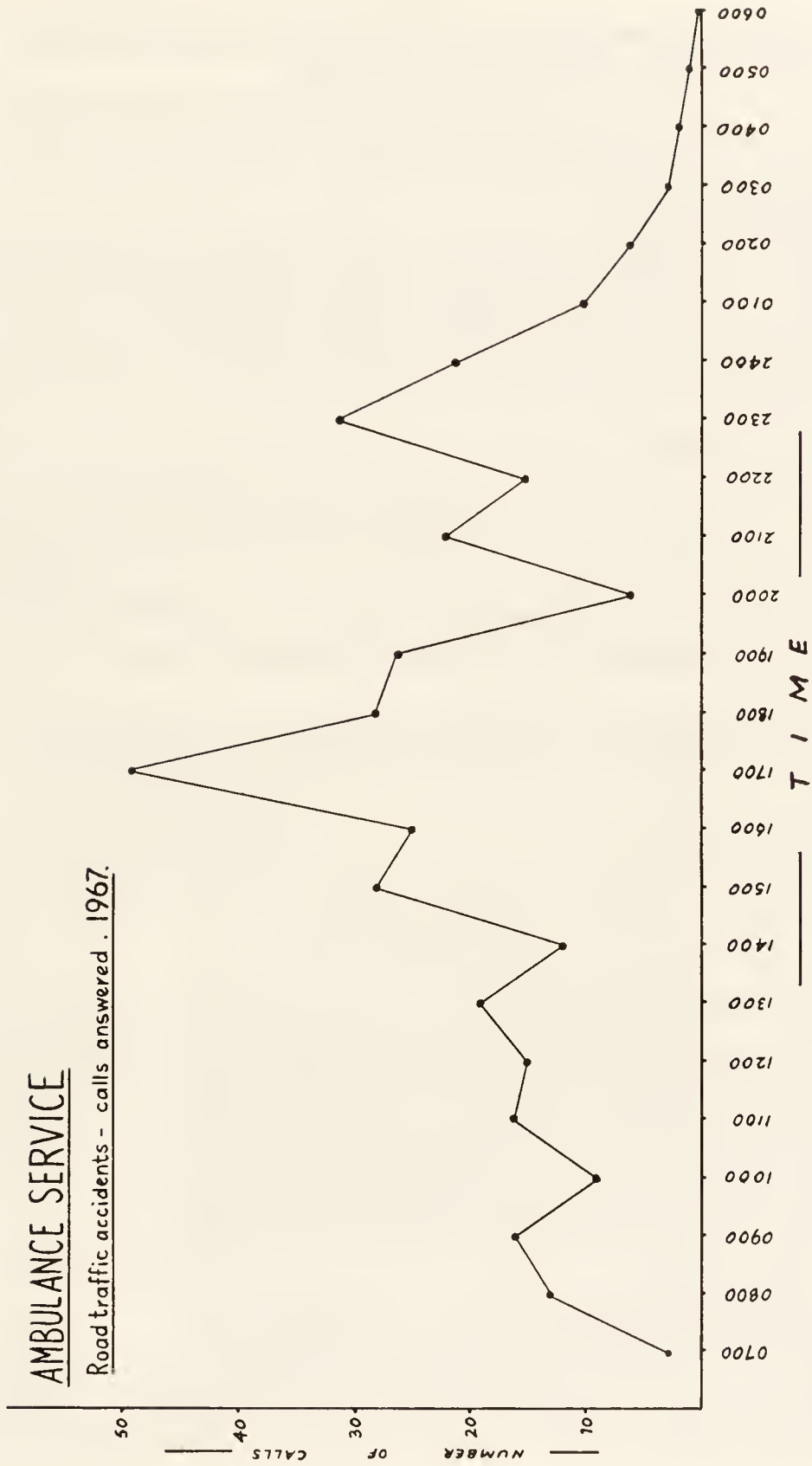
Table 25						
Month	Total Work Load			Local Authority Work		Total Journeys
	Patients Carried		Mileage	Patients	Mileage	
	Stretcher	Sitting Cases				
January ..	1,034	4,859	14,248	1,854	2,563	1,289
February ..	907	4,469	13,586	1,899	2,680	1,246
March ..	989	4,767	15,321	1,840	2,498	1,371
April ..	900	4,465	14,547	1,726	2,319	1,319
May ..	984	5,290	16,396	1,967	2,686	1,417
June ..	883	5,297	15,612	2,328	3,064	1,345
July ..	732	3,794	14,931	1,014	1,505	1,318
August ..	933	4,300	15,161	1,432	1,849	1,315
September ..	858	5,056	15,754	2,395	3,024	1,351
October ..	899	5,208	16,044	2,091	3,046	1,357
November ..	930	5,730	17,280	2,659	3,468	1,390
December ..	961	4,712	14,632	1,984	2,635	1,450
Total ..	11,010	57,947	183,512	23,189	31,337	16,168

Table 26.
Ambulance Service—Record of journeys made and mileage covered.

BOROUGH																
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
January Mileage Journeys	8,620 1,970	10,327 2,365	11,029 2,791	12,535 3,198	12,376 3,015	11,520 2,953	10,737 2,921	12,210 3,452	11,867 1,393	11,785 1,347	12,280 1,421	13,364 1,452	13,671 1,520	14,528 1,558	14,532 1,339	14,248 1,289
February Mileage Journeys	9,065 1,910	9,188 2,283	10,349 2,688	10,688 2,743	11,763 2,831	10,767 2,724	10,541 2,694	11,466 2,900	12,835 1,429	11,018 1,364	11,360 1,243	12,452 1,272	14,087 1,361	14,724 1,342	14,137 1,295	13,586 1,246
March Mileage Journeys	8,820 1,811	9,994 2,492	11,092 2,697	11,925 2,928	12,149 3,035	10,568 2,978	11,040 2,812	11,381 2,109	13,090 1,546	12,591 1,425	10,631 1,194	12,955 1,311	14,084 1,460	17,285 1,555	14,637 1,429	15,321 1,371
April Mileage Journeys	8,614 1,605	9,342 2,293	10,272 2,474	11,110 2,619	11,138 2,811	10,812 2,803	10,498 2,581	10,670 1,420	11,813 1,291	10,091 1,257	10,433 1,200	12,537 1,238	13,884 1,432	14,705 1,374	13,182 1,320	14,547 1,319
May Mileage Journeys	9,007 1,856	9,341 2,337	11,087 2,932	11,807 2,805	10,640 2,734	11,903 2,948	10,692 2,689	11,883 1,457	12,768 1,513	12,839 1,439	12,609 1,350	13,897 1,391	13,790 1,466	15,636 1,509	14,789 1,421	16,396 1,417
June Mileage Journeys	9,171 1,802	10,048 2,543	11,486 2,757	11,403 2,923	10,320 2,717	11,004 2,643	11,854 2,891	13,282 1,470	12,720 1,505	13,306 1,489	12,086 1,362	12,558 1,249	15,741 1,633	15,215 1,370	15,945 1,384	15,612 1,345
July Mileage Journeys	9,598 1,819	9,717 2,438	11,792 2,581	11,987 2,589	10,975 2,433	11,576 2,755	11,280 2,702	11,878 1,461	11,734 1,337	12,406 1,315	12,020 1,382	13,925 1,290	14,375 1,461	15,269 1,396	14,056 1,318	14,931 1,318
August Mileage Journeys	9,250 1,836	10,325 2,431	11,627 2,789	12,114 2,760	11,103 2,683	10,487 2,534	11,333 2,691	11,396 1,327	11,505 1,437	12,881 1,416	10,564 1,252	12,959 1,306	12,573 1,386	13,614 1,298	14,915 1,381	15,161 1,315
September Mileage Journeys	8,764 1,854	10,375 2,471	11,080 2,787	12,440 2,852	10,351 2,679	11,516 2,787	11,978 3,104	13,147 1,529	12,122 1,472	13,569 1,420	12,243 1,336	14,717 1,438	15,323 1,549	14,432 1,310	15,560 1,478	15,754 1,351
October Mileage Journeys	10,129 2,323	11,165 2,687	11,471 2,574	11,576 2,704	12,269 3,195	11,420 2,675	12,165 3,219	12,565 1,378	12,583 1,469	13,072 1,450	12,225 1,399	15,685 1,587	15,759 1,552	15,048 1,516	15,532 1,401	16,044 1,357
November Mileage Journeys	9,401 2,367	10,873 2,738	13,153 2,963	10,442 2,661	12,603 2,986	11,012 2,775	10,455 2,707	12,260 1,377	12,766 1,408	13,706 1,457	15,022 1,603	13,699 1,409	15,035 1,570	15,601 1,579	15,974 1,426	17,280 1,390
December Mileage Journeys	9,751 2,630	10,957 2,714	12,460 3,165	10,914 2,738	11,253 2,698	10,216 2,704	10,555 2,803	12,450 1,376	11,507 1,395	10,766 1,388	10,888 1,281	12,864 1,410	14,594 1,579	14,981 1,387	15,137 1,422	14,632 1,450
Total Mileage Journeys	110,190 23,783	121,652 29,792	136,898 33,198	138,941 33,520	136,940 33,817	132,801 33,279	133,128 33,814	144,588 21,256	147,310 17,195	148,030 16,767	142,361 16,023	161,512 16,353	172,916 17,969	181,038 17,194	178,396 16,614	183,512 16,168

AMBULANCE SERVICE

Road traffic accidents - calls answered . 1967.



VI. DOMICILIARY, MEDICAL, PHARMACEUTICAL, DENTAL AND OPHTHALMIC SERVICES.

"I am indebted to Mr. Webster, Clerk to the Preston Executive Council, for the following statement on the medical, pharmaceutical, dental and ophthalmic services administered by the Preston Executive Council:—

General Medical Services.

The number of patients registered on doctors' lists at 1st January, 1968, was 109,212. Medical Services were provided by 70 practitioners, 53 of whom were the responsibility of the Council, and 65 of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

The total gross payment for General Medical Services for the year ending 31st March, 1968, was £301,772 10s. 4d.

Pharmaceutical Services.

On the 1st January, 1968, there were 41 chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and 8 contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, except Saturday, and one hour each Sunday, Local and Bank Holiday, continued to operate satisfactorily throughout the year.

During the year 30 test prescriptions were taken, all of which were satisfactorily dispensed.

Payments made by the Council for the supply of medicines and appliances amounted to £422,261 7s. 10d. including £1,136 0s. 0d. for Rota Services.

828,694 prescriptions were dispensed by Chemists during the year.

General Dental Services.

At 1st January, 1968, there were 36 Dental Practitioners on the Council's Dental List. The total cost to the Council for the supply of dental appliances, extractions and conservative treatment was £210,511 17s. 4d. The charge paid by patients towards such treatment amounted to £49,872 0s. 6d.

Supplementary Ophthalmic Services.

At the 1st January, 1968, there were 4 Ophthalmic Medical Practitioners, 23 firms of Ophthalmic Opticians and 1 firm of Dispensing Opticians on the Council's Ophthalmic List. 26,380 applications for glasses were received during the year, as compared with 25,781 the previous year. Of the number of sight tests provided 20,379 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 945 of which 703 were approved.

The total cost to the Council for this branch of the Service was:—

	£	s.	d.	£	s.	d.
Sight Testing				24,369	4	0
Supply and Repair of Glasses ...	61,172	14	11			
LESS Paid by Patient	34,134	17	5			
				27,037	17	6
				51,407	1	6

"

Mental Health

The Mental Health section took an active part in the 1967 National Mental Health Week which commenced in Preston with a special Civic Service at the Parish Church. The Vicar, Canon J. Adam, was the preacher and the choir was provided by the nursing staff of Whittingham Hospital. As the theme for this second Mental Health Week was "Mental Health—Work to be done," an exhibition was staged at the Handicapped Persons' Social Centre by the Health Department, Harris College of Further Education and Whittingham Hospital depicting the various training courses for Teachers of the Mentally Handicapped, Mental Welfare Officers, Psychiatric Social Workers and Psychiatric Nurses. In addition to "Open Days" for the general public, lectures were given, and visits to the Training Centres and Whittingham Hospital were arranged for Senior Schoolchildren and various organisations. All these events were well supported by the public.

Account of Work Undertaken in the Community.

Mental Illness.

Mental Health Act, 1959.

Number of persons admitted to hospital between 1st January, 1967, and 31st December, 1967:—

					<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...	...	108	126
Section 25 (Observation)	...	...	...	...	36	54
Section 26 (Treatment)	...	...	...	...	7	7
Section 29 (Emergency)	...	...	...	...	12	9
Section 60 (Court Order)	...	...	...	...	3	—
					<hr/> 166	<hr/> 196

Of the 111 cases admitted to hospital under Sections 25 and 29, two males and two females were subsequently detained under Section 26 (Treatment), and 18 males and 38 females remained in hospital as informal patients, Section 5.

At the request of the medical directors of psychiatric hospitals, 37 visits were made and reports given on home conditions and family histories.

During the year, 60 males and 93 females discharged from hospital were supervised by the Mental Health staff by arrangement with general practitioners and the patients; a further 136 males and 197 females were visited at the request of a psychiatrist, general practitioners or other agencies, 3,085 visits being made for this purpose. In addition, 668 office interviews with patients and relatives took place, in connection with mental illness.

The mental health staff attended the out-patient clinics held at Sharoc Green Hospital regularly for case conferences and discussions with the psychiatrists. Visits were made to Whittingham Hospital and the Psychiatric Unit, Sharoc Green Hospital, for consultations with the responsible medical officers concerning the after care required in individual cases.

During the year, a one day visit was made by Dr. Kazwini, a Ministry of Health post-graduate student, for observation of the work done in the community by the mental welfare staff. Visits were also made by 8 students from the Child Care Course at Harris College, 1 student from the Sociology Course at Bath University, and discussion groups sponsored by the Christian Endeavour Movement were held on three occasions at the Harris College and attended by the Senior Mental Welfare Officer. One student from the two years course for the Certificate in Social Work at Millbank College of Commerce, Liverpool, was attached to the section for a period of six months, as a field work placement, commencing on 22nd November, 1967.

21 student nurses and health visitors also visited the mental health section for a day's observation of the work done in the community by the mental welfare staff.

Personal Help Service.

This service has continued throughout the year, and leaflets have been displayed at the Citizens Advice Bureau, and in the various clinics. Anyone with worries or problems connected with mental health is invited to come along to Saul Street office on Thursday afternoons and discuss them with one of the mental welfare officers. During the year, 8 interviews have taken place.

The disposal of cases seen was as follows:—

Advice given at interview	...	...	...	...	2
Referred to Health Visitors	...	...	...	...	1
Referred to Welfare Section	...	...	...	...	2
Referred to Housing Dept.	...	...	...	...	1
Referred to No. 4 Health Division	...	...	...	...	1
Referred to S.S.A.F.A....	...	...	...	...	1

Attendance at Social Centre

The Friday afternoon sessions for persons recovering from mental illnesses have been continued throughout the year at the Social Centre, Deepdale Road.

Occupational therapy, games, dancing and music are available, and patients are encouraged to take part in all activities. Patients also attended the Centre on other days in the week, particularly on Mondays and Thursdays, together with physically handicapped persons, and concerts and social evenings were held at regular intervals during the winter months, and in addition a Christmas party was held for handicapped persons to which patients were invited.

An occupational therapist and members of the mental health staff attended the social centre every Friday afternoon. Transport is provided for patients to and from the centre in some cases. During the year, 35 patients have attended the centre, with an average attendance of 14 patients per session.

Mental Subnormality.

During the year, 12 new male cases and 3 new female cases were reported.

The number of subnormal and severely subnormal people on the authority's register on 31st December, 1967, was 565, as follows:—



LUNCH IN THE NURSERY WING



ADULT TRAINING CENTRE — LAUNDERETTE

					<i>Males</i>	<i>Females</i>
In care of local authority	...	...	...	...	208	178
In hospital	...	...	...	...	103	76
					<hr/> 311	<hr/> 254

Domiciliary Care.

During the year, 923 home visits were made by the mental health staff, and 179 office interviews took place in relation to subnormal and severely subnormal persons. 11 investigations regarding home and social conditions were made at the request of medical directors of psychiatric hospitals.

Admissions to hospital.

During the year, 5 males and 3 females were admitted to hospital:—

					<i>Males</i>	<i>Females</i>
Section 5 (Informal)	...	...	...	...	2	3
Section 25 (Observation)	...	...	...	...	1	—
Section 60 (Hospital Order)	...	...	...	...	2	—
					<hr/> 5	<hr/> 3

The Creche.

Due to the deterioration of the premises at No. 2 North Road, and the demolition programme, this service was discontinued at the end of March, 1967.

Youth Club.

The youth club for mentally handicapped children continued throughout the year, each Friday night between 7 p.m. and 9 p.m. at the Social Centre, Deepdale Road.

The premises are provided by this authority, and the Preston Branch of the National Society for Mentally Handicapped Children provide the staff for the Youth Club. The activities consist of games, music and dancing, and a party or concert is arranged once per month during the winter.

There are 75 members on the register, and the average attendance is 60 per session.

A member of the mental health staff is in attendance at the youth club to give advice when necessary.

Junior Training Centre.

A group of senior girls gave a demonstration lesson of music and movement to the students of the courses for teachers of the mentally handicapped at the Harris College, on Monday, 16th January, 1967.

Two students attended the centre for teaching practice from 27th January to 3rd March, and a further two students attended from 24th April to 2nd June, 1967.

“Open Days” were held at the Centre on the 7th and 8th June, during Mental Health Week.

Four students from the Adult Training Centre Course attended the centre on the 12th and 13th June, and two further students spent one week at the centre from the 19th to 23rd June.

20 students from the Christian Education Movement Course paid visits of observation to the centre on 10th and 12th July.

A visit was also paid by Miss Hoskins, Advisory Mental Welfare Officer to the Ministry of Health on the 11th July.

A party of 20 pupils, accompanied by 3 staff members, participated in the Annual Sports Day at Blackpool, on 4th July, and were later entertained to tea at Poulton-le-Fylde Teachers Training College.

Twenty-two pupils, accompanied by 3 staff, spent an enjoyable week's holiday at Penmaenmawr from Saturday, 23rd September to Saturday, 30th September.

"Open Day" was held at the Centre on Saturday, 7th October, and a large number of parents and friends attended.

A Christmas Party was held at "The Elms" on the 19th December, and a further party was given on the 21st December, by the students of the Harris College.

During the year, visits of observation were also made by 2 student health visitors, and 15 nursery nurse students. In addition, 3 pupils from Brockholes Secondary School attended the centre each Wednesday afternoon during the Autumn term.

The table below gives details of the number of pupils under instruction during the year:—

Table 27. Pupils in attendance at the Junior Training Centre during 1967									
	Number of cases under instruction on 1.1.67		Number of new cases admitted during the year		Number Discharged		Number on Register on 31.12.1967		
	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	Under 16 yrs.	Over 16 yrs.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
County Borough	28 13	3 1	6 4	— —	1 3	5 1	30 13	1 1	
County Council	13 7	— —	3 1	— —	2 —	— —	14 8	— —	
	41 20	3 1	9 5	— —	3 3	5 1	44 21	1 1	

Adult Training Centre.

The building of the extension to the centre was completed in March, providing accommodation for 50 males and 30 females. The temporary accommodation provided at No. 2 North Road was closed, and the females previously in attendance there were transferred to the new centre.

During the year, 53 males and 36 females have been on the register, and 41 males and 28 females were in attendance at the end of the year.

In collaboration with the disablement resettlement officer of the Ministry of Labour, 5 mentally subnormal persons were placed in employment in open industry, and three mentally ill males were found employment after a period of rehabilitation.

During Mental Health Week, 4th June to 10th June, the centre was open to visitors, and 78 members of the public attended.

With the completion of the extension to the centre, the volume and variety of work has increased under the following headings:—

Woodwork, wirework, concrete work, contract work, and domestic training.

In woodwork, work has consisted mainly of the manufacture of park seats, stool frames, seed boxes, clothes props, and firewood.

The manufacture of chain link fencing has continued to meet the constant demand, along with production of wall ties and coat hangers.

With the introduction of new equipment, work in the concrete enclosure has increased, and flags, walling blocks, path edgings, and concrete lintels are being produced.

Due to a general recession in trade, contract work has not been as heavy as in previous years, but the painting and assembly of plastic toys, the making of carrier bags, and work on calendars have provided a reasonably steady source of employment.

During the year, a start was made in the manufacture of incontinence pads for the district nursing service and the whole demand for these is now being met, providing a very satisfactory arrangement. Plastic wallets are also being produced, and used for personal record cards in respect of immunisation against infectious disease.

Training in domestic subjects has also continued during the year, and trainees are taught baking, laundering, and machine sewing.

During the year, a number of students from various courses held at the Harris College have attended for visits of observation and teaching practice.

Brookfield Hostel.

During the year, four males and four females have been resident in this hostel consistently. Several changes in residents occurred, one male returning to hospital, and two males being admitted. One female was discharged to her home during the year, and one female admitted.

Ribbleton Hostel.

Accommodation for five males and five females is provided at this hostel, and a full complement of residents was maintained during the year. The changes occurring included 2 females returned to hospital, and two female admissions.

In the main, residents of both hostels attend the Adult Training Centre during the day, but two males and one female were in open employment at the end of the year.

Residents at the hostel were provided with a holiday in Morecambe during the week 9th to 16th September, accompanied by 2 staff, when a very enjoyable week was spent at this resort.

Prevalence and Control of Infectious Disease

1967 was a year when a good deal of time was occupied in dealing with outbreaks of infectious disease. The new year opened with the developing momentum of a shigella sonnei dysentery outbreak in schools which commenced in mid-December 1966 and persisted until July 1967. The overflowing infection into the adult population produced its crop of problems relating to food handlers. The level of cases of infectious disease being dealt with was just beginning to decline when typhoid occurred, fortunately limited to two cases and two symptomless excretors, all within the same family. Another noteworthy event in 1967 was an outbreak of food poisoning due to the consumption of products of a bakery situated outside the Borough.

Scarlet fever showed the lowest number of notifications for three years, 62 notifications, compared with 78 in 1966.

Measles, with 279 notifications, showed the lowest number of notifications since 1939 when there were 83 cases notified. The biennial epidemic of measles is due in 1968. In 1966 there were 1,541 cases, and in 1965, 422. The number of notifications is only an indicator of disease incidence. Many cases will not be notified. A fall in the number of notifications of pneumonia (primary and influenzal) occurred, being 10 for 1967 compared with 17 for each of the previous three years.

There were two notifications of erysipelas compared with four in each of the previous three years. Puerperal pyrexia notifications fell to an all time low of 1.

There was one case of ophthalmia neonatorum in 1967 compared with 2 in 1966. There were no cases of malaria notified, compared with one case in 1966 and 1965.

Looking now at diseases where notifications have risen in 1967, we find an increase in whooping cough—54 notifications in 1967, compared with 33 in 1966. 467 dysentery cases were notified, compared with 44 in 1966. This is a reflection of the dysentery outbreak referred to above. The increase of food poisoning notifications from 16 in 1966, to 25 in 1967, is not a significant increase but is a reminder of an ever present problem.

The increase in pulmonary tuberculosis notifications from 36 in 1966 to 55 in 1967 is disturbing. This is the highest number of notified cases since 1956. Non-pulmonary tuberculosis notifications were 12 in 1967 compared with 11 in 1966. Infective hepatitis notifications increased from 23 in 1966 to 65 in 1967 and is the highest number notified for seven years. Only seventeen cases of infectious disease out of 970 notified were admitted to hospital during the year.

None of the 62 cases of scarlet fever, 279 measles cases and only 1 of the 54 cases of whooping cough were admitted to hospital. This is a reflection of changing methods of management of infectious diseases over the decades.

Table 28 gives the annual notifications over the past ten years.

Table 28
Number of notifications grouped according to year and disease.

DISEASE	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Smallpox	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	236	319	101	54	36	46	56	91	78	62
Measles	828	1503	777	802	1698	312	1548	422	1541	279
Whooping Cough	7	18	118	23	22	20	100	2	33	54
Pneumonia (Primary and Influenzal)	50	92	52	56	32	27	17	17	17	10
Acute Encephalitis	—	4	—	1	1	—	—	—	1	—
Acute Poliomyelitis	16	—	—	4	—	—	—	—	—	—
Meningococcal infection	3	1	5	1	2	—	—	1	—	—
Typhoid Fever... ..	—	—	—	—	—	—	—	—	—	4
Paratyphoid Fever	—	1	—	—	1	—	—	—	—	—
Dysentery	71	336	651	131	258	73	23	88	44	467
Food Poisoning	21	31	51	13	14	16	9	6	16	25
Erysipelas	3	7	7	6	4	2	4	4	4	2
Tuberculosis, Pulmonary	43	48	39	49	45	48	46	40	36	55
Tuberculosis, Non-Pulmonary	8	3	4	7	5	6	9	7	11	12
Puerperal Pyrexia	39	32	44	37	35	28	19	11	9	1
Ophthalmia Neonatorum	4	8	4	2	3	—	1	1	2	1
Malaria	—	—	2	—	—	1	—	1	1	—
Infective Hepatitis	59	262	178	58	35	44	34	28	23	65

Smallpox.

No case occurred in the town or the port during the year. Persons arriving from overseas from areas where smallpox is endemic and who had not got a valid certificate of vaccination were placed under observation on arrival.

Diphtheria.

No case has occurred in Preston for 16 years.

Measles.

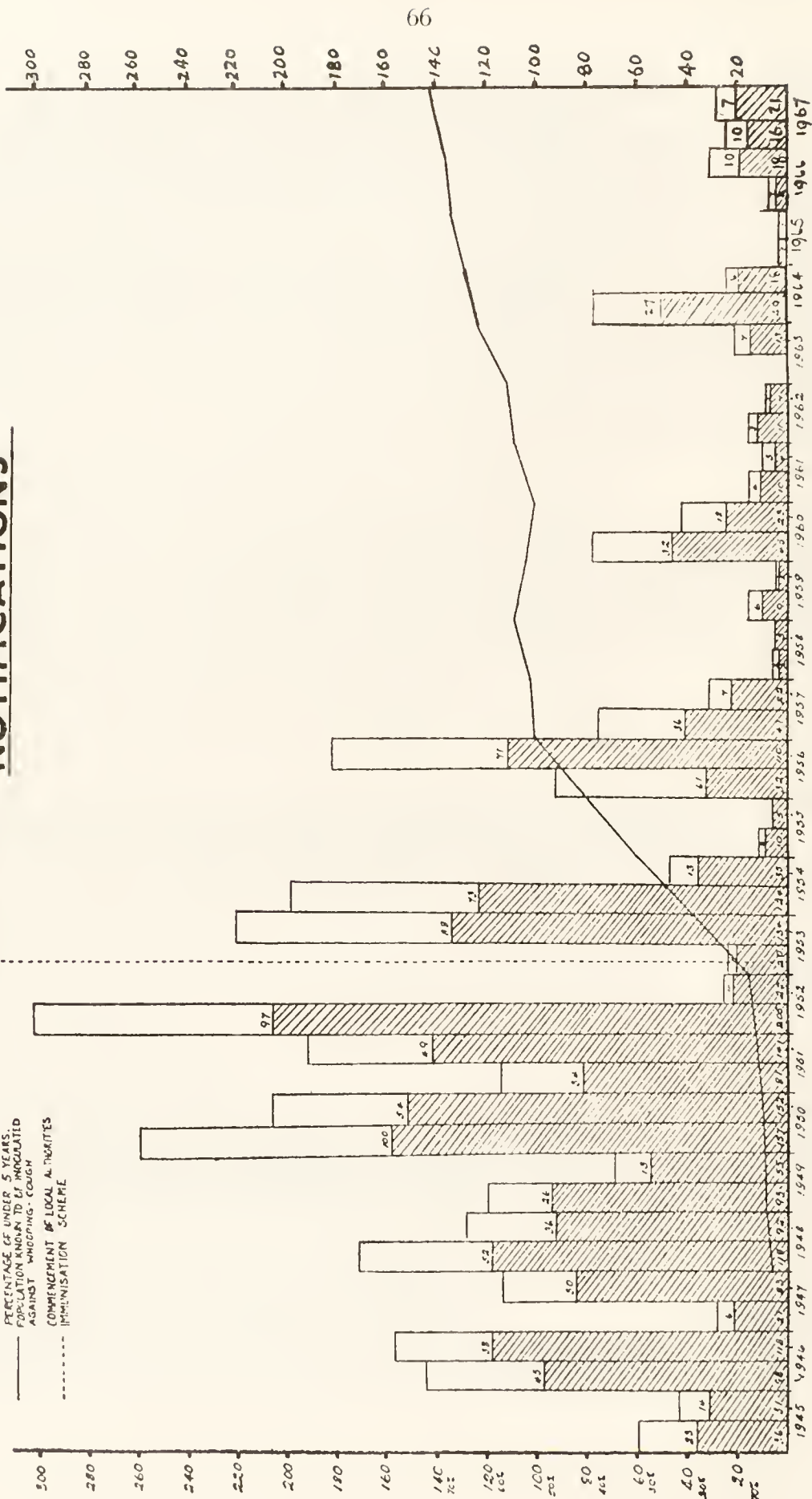
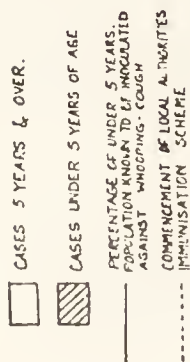
There were 279 cases of measles notified during 1967, the lowest number since 1939 when there were 83. 1966 was a biennial epidemic year with 1,541 cases. There were 422 notifications in 1965. The effect of a low incidence in 1967 upon the expected epidemic year of 1968 remains to be seen.

Whooping Cough.

54 cases were notified compared with 33 in 1966, the highest number since 1964. One child was admitted to hospital.

WHOOPING-COUGH

NOTIFICATIONS



• HALF-YEARS NUMBERED •
 - YEAR -

Acute encephalitis.

No case of acute encephalitis was notified during 1967. One was notified in 1966, prior to which there had been no case for four years.

Poliomyelitis.

For the sixth successive year no case of poliomyelitis occurred in the borough.

Meningococcal Infection.

No case was reported during the year.

Dysentery.

An epidemic of dysentery occurred in schools and lasted continuously for seven months from December 1966 to July 1967. In all over 534 children and adults were affected.

The Health Department first became aware of the outbreak when on December 19th, 1966 the School Meals Organiser reported that one of her staff at Savick Infant School was absent from work suffering from diarrhoea. *Shigella sonnei* had been isolated from her in March 1966 when her daughter, a pupil at the same school, had been ill but she herself had not had any symptoms. When the laboratory reported the presence of *shigella sonnei* in her daughter's faeces on December 22nd and a high absentee rate was detected at her school, immediate inspection took place and home visitation of absentees carried out.

On December 23rd the general practitioners concerned were informed of suspected cases amongst their patients. They were subsequently informed of the laboratory findings and antibiotic sensitivities. The school closed for the Christmas holidays on December 23rd and re-opened on January 9th, 1967. Faecal specimens were obtained from all the school meals staff during the vacation and from the teaching staff on their return at the beginning of term. In all, 130 persons attending the school or members of the children's families were affected.

On January 13th, 1967 eleven children were reported as being absent from Holme Slack Primary Junior and Infant School the previous day suffering from diarrhoea. There were four more children in school that day who were similarly affected. *Shigella sonnei* was isolated from the faeces of the children. In all, 235 persons attending the school or members of a pupil's family were affected.

The two schools were $3\frac{1}{2}$ miles apart. The only factor common to the two schools was that they were both on the banks of the same watercourse. This watercourse had been known to be polluted with crude sewage due to malfunctioning storm water overflows. In the seventeen-month period from September, 1965 to February, 1967, on no less than eight occasions, crude sewage had been observed discharging from these storm water overflows in periods of dry weather. Blockage, in some cases due to vandalism, caused the storm water overflows to malfunction. The children of both schools play in the stream, and at Holme Slack School many children cross the stream by footbridge to gain access to the school. The dysentery epidemic was initially limited to these two schools and the associated home contacts, only isolated cases of *sonne* dysentery with a different antibiotic sensitivity pattern being discovered in the town as a whole. Many children from other schools, however, play in the stream and there was no proof that the *shigella sonnei* had been transmitted through its agency.

On January 17th, 1967 a higher than usual absenteeism was reported from St. Gregory's Junior and Infant School. This school is adjacent to Holme Slack School and the children are drawn from the same catchment area. Investigations demonstrated a small number of cases of dysentery.

On March 16th cases of shigella sonnei dysentery came to light in St. Wilfred's Junior and Infant School. In all, sixty who attended the school or were members of a pupil's family were affected.

On April 28th it was reported that one teacher and nineteen children of St. Andrew's Infant School had suffered from diarrhoea the previous day. Ten of the children had recovered and were back at school. Shigella sonnei was isolated. In all, 25 persons who attended the school or who were members of a pupil's family were affected.

On June 7th it was reported that a child in Stoneygate Nursery School was suffering from diarrhoea. The infecting organism was subsequently proved to be shigella sonnei. Other children and staff were infected and in all 29 persons who attended the school or who were members of a pupil's family were affected.

On July 3rd the school nurse found thirty children absent from St. Gregory's Junior and Infant School where a few cases of shigella sonnei dysentery had occurred in January. In all, 60 persons attending the school or who were members of a pupil's family were affected. In fourteen cases occurring in this school, one or more members of the child's family were employed in the food trade.

The summer term ended on the 14th July. Isolated cases only were found to occur after the end of the summer term.

In all, 467 cases were notified during the year.

Typhoid Fever.

Four cases were notified in 1967 all members of the same Pakistani family. The organism was recovered from all four cases. Despite extensive search the original source of infection was not ascertained. The parents had been in this country for a number of years and the two children were born in England. A thirteen year old male relative who completed the household had come to England in 1966. He remained well during the incident and the organism was not recovered from him during a precautionary stay in hospital.

Paratyphoid fever.

There has been no case of paratyphoid fever notified since 1962, when one occurred. Salmonella paratyphi B. phage type 1 was isolated from a sample of water from Eaves Brook in May 1967, and in July the same phage type was isolated from a sample of sewage-contaminated mussels growing on the training walls of the River Ribble estuary. The organism is in town even if it has not been isolated in cases of human disease in recent years.

Food Poisoning.

25 cases were notified in 1967 compared with 16 in 1966. There was a total of 1 general outbreak, 3 family outbreaks and 13 sporadic cases.

There were eight cases where salmonella typhimurium was isolated. Six of the cases were part of a general outbreak and two were sporadic cases.

The general outbreak was interesting and occurred in the borough and in the adjacent county areas and was associated with confectionery products manufactured by a bakery in another part of the county.

A salmonella organism was isolated from a man suffering from diarrhoea who was being investigated. A salmonella was also isolated from a specimen submitted by a general practitioner on a second patient. A preliminary laboratory report indicated a similarity between these two salmonella isolations and those of two cases which had occurred in an adjacent county area.

Acting on this information enquiries were made of the health department concerned and the most likely article of food common to the four cases was considered to be confectionery made by one bakery, although the food had been bought from shops in different areas. Lemon meringue pie and vanilla slices were the suspected items. The Medical Officer of Health of the area where the bakery was situated was informed and investigations were initiated in the bakery. It subsequently transpired that the organism in all four cases and three other cases from adjacent county areas was salmonella paratyphi phage type 14. The same salmonella paratyphi phage type 14 was isolated from four members of the staff of the bakery. Two were engaged in the preparation of vanilla slices and lemon meringue pie and one worked in the despatch department and had the opportunity of contaminating the outgoing products from time to time. In some instances some members of a family were not ill and produced negative stools although they had eaten the same food products of the bakery as had members of the family who were ill. Although this organism was relatively harmless, the incident neatly demonstrated the ease with which pathogens can be disseminated by food handlers, and the need for strict standards of food hygiene.

Three sporadic cases of *Salmonella panama* occurred. Two of the cases, one the husband of a canteen worker and the other a domestic assistant on a hospital ward, had the same phage type as cases isolated in two neighbouring towns. The cases in the two neighbouring towns were associated with eating meat from a retail butcher's shop in one of the towns. Subsequently an assistant at the shop was found to be a carrier of the organism. The same firm have wholesale premises from which salmonella panama was isolated in a sewer swab placed in a drain serving an area of the factory where sausage preparation and meat cutting is done. The water closets did not discharge into this drain. In addition, salmonella panama was isolated from a wages clerk at the wholesale premises. The only connection between one of the Preston cases and the firm of butchers was the fact that the wife of one case handled the same butcher's meat in the course of her work. No connection was therefore proved between these two Preston cases and the ones in neighbouring towns. The third case of salmonella panama was in an 18 month old child and no connection with the other two cases in Preston or with the cases in the neighbouring towns could be ascertained.

One sporadic case of salmonella enteriditis and one of salmonella reading occurred.

In twelve cases of food poisoning, representing three family outbreaks of two cases each, and six sporadic cases, no causative organism was discovered.

Although there was no evidence to prove that the infection had been food borne, an unusual simultaneous infection of four members of a family occurred, two were infected with salmonella manhattan, and two with salmonella muenchen. The two former cases had symptoms, the two latter were symptomless.

Scarlet Fever.

Of the 62 cases notified in 1967, none were admitted to hospital. 78 cases were notified in 1966. There was a marked decline in cases notified from 1961 to 1965, when a slight increase occurred. This year's figure is the lowest since then.

Infective Hepatitis.

There were 65 notifications of this disease during the year, the highest since 1960. School children were mainly affected accounting for 36 of the cases, 31 of these being children of primary school age. No death from the disease was registered and mainly attacks were only of mild degree.

There was a concentration of cases in the Tulketh, Moorbrook and Central Wards of the town, an area which had a similar high incidence in 1960. In 1967, however, this was largely due to outbreaks in Roebuck Primary School and Eldon Street Day Nursery.

At Roebuck School two cases occurred during March. Unfortunately they were not notified at the time, and only came to light when cases were notified in April. One of these initial cases was a teacher, the other a pupil who continued at school for one week after jaundice was recognised. Subsequently a further 18 pupils were affected, 15 during the summer term and three during the first half of the Autumn term. The cases occurred equally in the infants' and junior departments of the school. Precautions taken included frequent disinfection of toilet fittings and insistence on handwashing after use of W.C.s and urinals, and before meals. Disposable paper towels were installed, all roller and individual towels being banned. It was noted that in addition to one of the primary cases, a further 5 pupils only commenced their period of absence from school several days after jaundice was first recognised by the parents.

While this is regrettable, the fact that the disease is communicable for several days before jaundice appears indicates that to be effective exclusion would have to take place earlier in the illness. This, however, is difficult to implement when early symptoms may be minimal.

At Eldon Street Day Nursery there were seven cases during the six months April to October. Three members of the nursery staff became jaundiced during the first ten days of April, and one child a week later. It was decided to use gamma globulin to protect the other members of staff, and to use it in a controlled trial on a proportion of the children who were contacts. This trial was carried out in conjunction with the Public Health Laboratory Service, Colindale, where results of such trials in this country are being assessed. In addition to the use of gamma globulin, hygiene measures as for Roebuck School were applied.

The twelve staff contacts present in the nursery, including three domestic staff, had a preliminary urine test so that any early case of the disease might possibly be recognised. All results were negative; Accordingly all these members of staff received an injection of gamma globulin. With one exception, none of these subsequently developed infective hepatitis. The exception was a nursery student who became ill with the disease three days after receiving the gamma globulin. Clearly she was already incubating the illness at the time of the injection and protection by it would not have been expected.

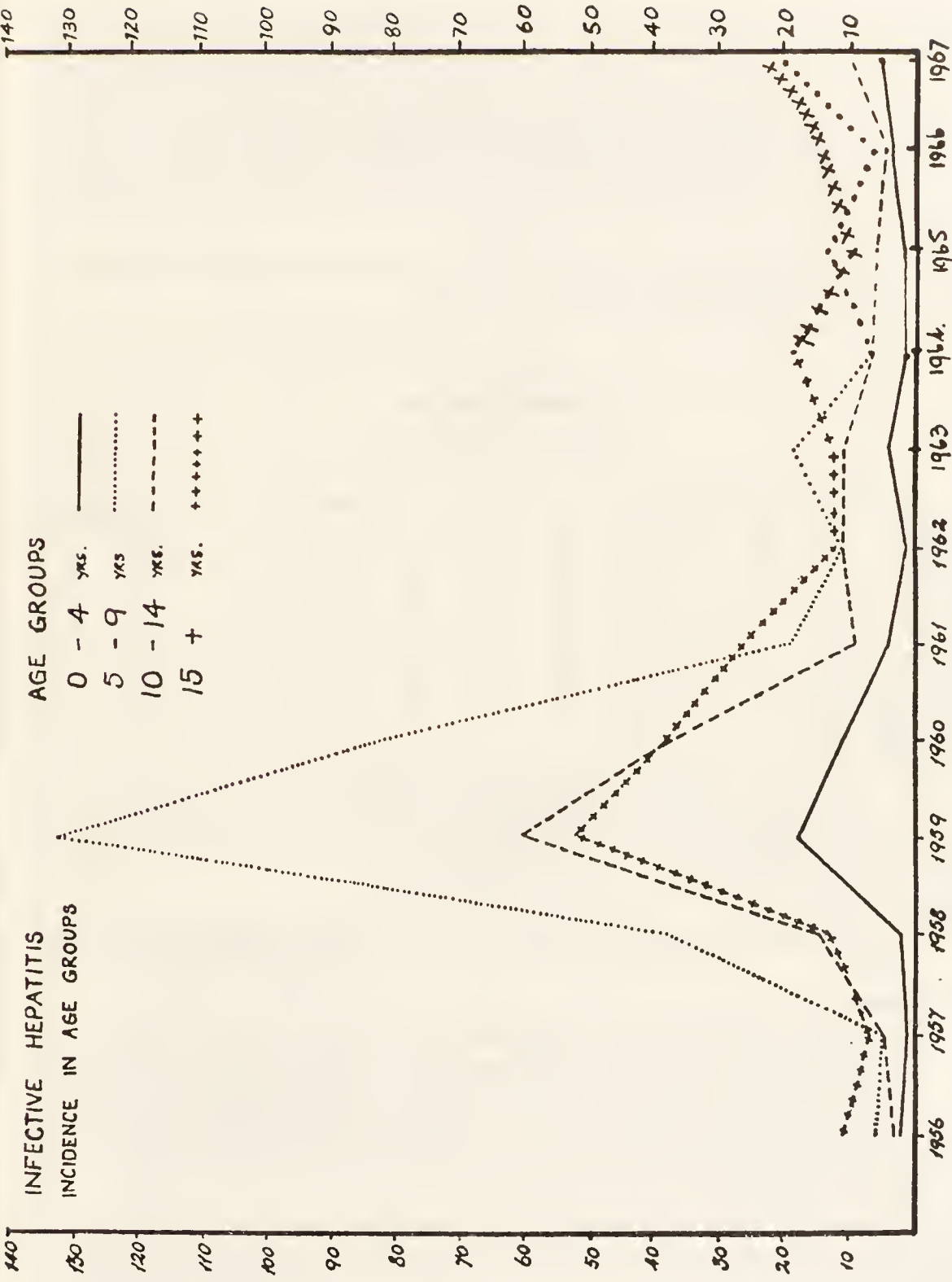
INFECTIVE HEPATITIS
INCIDENCE IN AGE GROUPS

AGE GROUPS

- 0 - 4 yrs. ———
- 5 - 9 yrs.
- 10 - 14 yrs. ---
- 15 + yrs. ++++

- NUMBER OF CASES -

- YEAR -



Only 13 of the 40 children on roll were eligible for gamma globulin administration, selection being by one of the random methods. Through illness or lack of parental consent only ten of these received an injection of gamma globulin. Subsequently none of the children who received gamma globulin, and one child among the controls, developed the disease but the affected child became ill within twenty four hours of the administration of the gamma globulin at the nursery. Before closure of this trial during October, one further case occurred in the nursery. This child who became ill early in October was newly admitted to the nursery some time after exclusion of the last case.

The accompanying graph and table illustrate the age and seasonal incidence of the disease since it first became notifiable in Preston.

Table 29.
Infective Hepatitis.
SEASONAL INCIDENCE.
YEAR

<i>Month</i>	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
January	6	5	2	35	19	10	2	5	3	2	6	2
February	—	1	3	18	13	5	—	6	—	—	3	—
March ...	7	1	—	16	25	9	2	3	2	1	3	4
April ...	8	2	—	26	25	8	4	5	—	1	2	13
May ...	7	1	1	30	11	7	2	2	1	3	2	10
June ...	10	1	4	20	10	3	3	1	2	1	2	7
July ...	3	1	8	26	10	6	2	4	2	4	—	7
August ...	3	2	10	15	11	3	4	2	4	3	—	3
September *	7	—	7	18	15	2	4	3	4	2	1	9
October	9	4	13	26	11	2	6	3	9	7	2	7
November	9	—	14	22	11	1	2	4	4	2	1	3
December	1	—	6	10	17	2	4	6	1	2	1	—
	70	18	68	262	178	58	35	44	32	28	23	65

* Notifiable from 17.9.56

Malaria.

No case was notified this year, compared with one case in 1966 and one in 1965.

Tuberculosis.

The results for this year are unsatisfactory. Notifications are an indifferent index of diagnosed tuberculosis. In 1966 there were 36 notifications of pulmonary tuberculosis. This year, 1967, there were 55. Forty years ago the presence of 55 new cases of tuberculosis in the town would be regarded with satisfaction. Vast changes have occurred since then in the treatment of tuberculosis, and we must look at the incidence of the disease in relation to the present time. This is the highest pulmonary rate notified since 1956.

Males increased from 26 notifications in 1966 to 32 in 1967. Females increased in number from 10 in 1966 to 23 in 1967, over double the number of notifications. Whereas only one case was under 10 years in 1966, 6 were in 1967. Non-pulmonary tuberculosis only increased by one in the number of notifications in 1967 compared with 1966.

The total number of notifications of tuberculosis, all causes, was 67, the highest number again since 1956. The total number of notifications in 1966 was 47 and this had been the lowest number for 6 years.

Of the total number of cases of tuberculosis notified during the year 45 per cent of cases occurred amongst immigrants compared with 51 per cent in 1966.

Table 30.

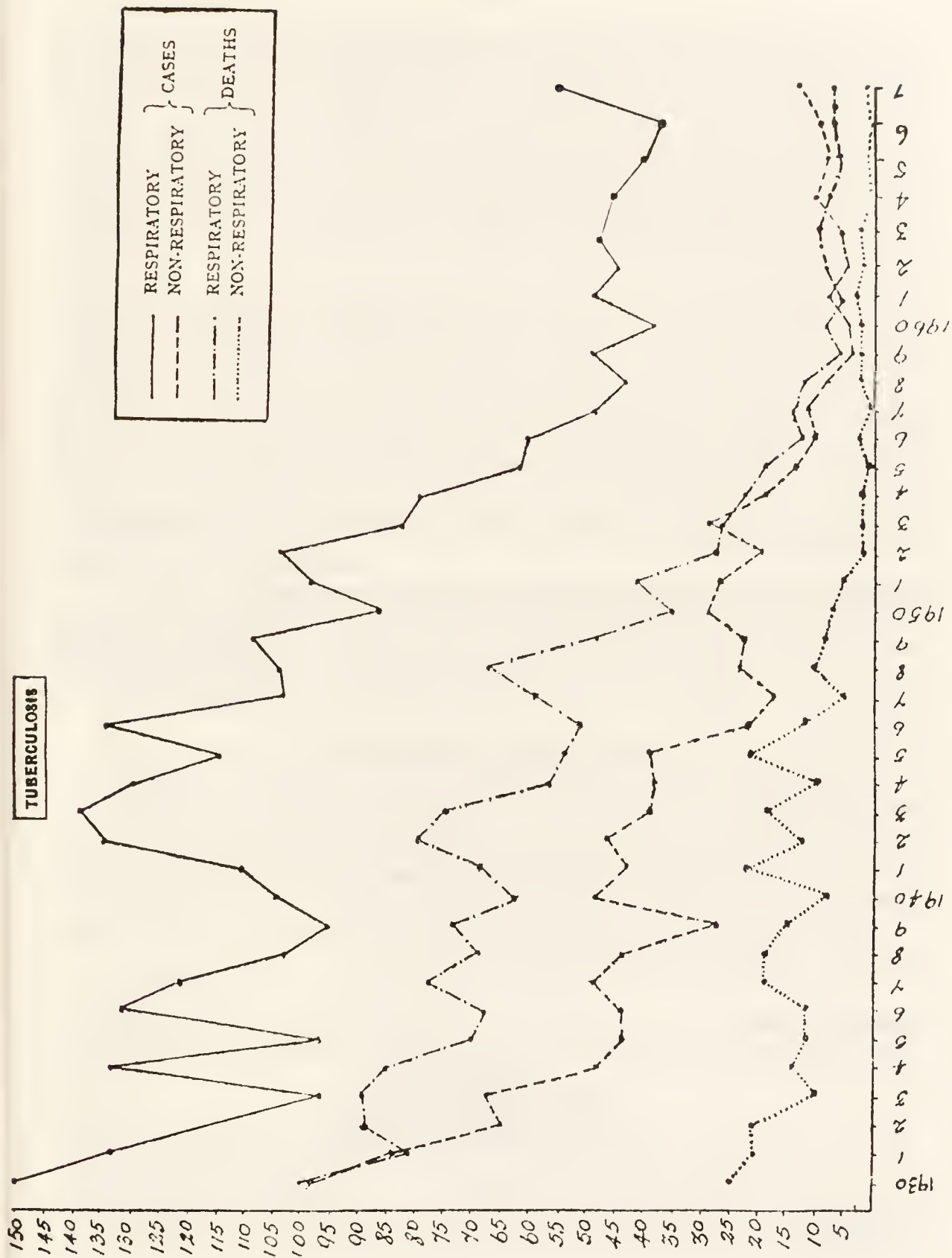
Age periods	FORMAL NOTIFICATION													
	No. of Primary Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Total All Ages
Respiratory, Males ...	—	—	—	1	—	3	3	9	6	2	6	2	—	32
Respiratory, Females ...	—	—	1	4	—	2	4	5	4	1	1	—	1	23
Non-Respiratory, Males ...	—	—	—	—	1	—	1	1	2	—	—	—	—	5
Non-Respiratory, Females ...	—	—	—	—	—	—	2	3	1	—	1	—	—	7

Table 31. Notification Register.

	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases of Tuberculosis remaining on the 31st December, 1967, on the Register of Notifications kept by the Medical Officer of Health ...	244	169	413	40	55	95	508
Number of cases removed from the Register during the year by reason, <i>inter alia</i> , of :—							
1. Withdrawal of notification ...	2	—	2	—	—	—	2
2. Recovery from the disease... ..	17	11	28	2	3	5	33
3. Deaths (all causes) ...	7	2	9	—	—	—	9
4. Outward Transfers ...	7	6	13	1	—	1	14
5. Otherwise (Lost sight of, etc.) ...	2	2	4	—	2	2	6

Table 32.
Tuberculosis.

Population	Year	No. of cases notified		Rates per 1,000 population		No. of Deaths		Rates per 1,000 population	
		Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
126100	1930	150	97	1.19	.77	100	25	.79	.20
120100	1931	133	84	1.12	.71	82	21	.69	.18
118500	1932	116	65	.98	.55	89	21	.75	.18
117800	1933	96	67	.81	.57	89	10	.76	.08
117490	1934	133	48	1.13	.41	85	14	.72	.12
116200	1935	96	44	.83	.38	70	12	.60	.10
115200	1936	131	44	1.14	.38	68	12	.59	.10
113600	1937	121	49	1.07	.43	77	19	.68	.17
113600	1938	103	44	.91	.39	69	19	.61	.17
112800	1939	95	27	.84	.24	73	15	.65	.13
108500	1940	104	47	.96	.43	63	8	.58	.07
111490	1941	110	43	.99	.39	68	22	.61	.20
110000	1942	133	46	1.21	.42	79	12	.72	.11
109100	1943	138	39	1.26	.36	74	18	.68	.16
108190	1944	129	38	1.19	.35	56	10	.52	.09
108480	1945	114	39	1.05	.36	54	21	.50	.19
114070	1946	134	21	1.17	.18	52	12	.46	.10
116520	1947	103	17	.90	.15	59	5	.51	.04
118130	1948	104	23	.88	.19	66	10	.56	.08
119500	1949	107	22	.90	.18	48	9	.40	.08
120300	1950	86	29	.71	.24	35	7	.29	.06
118100	1951	97	27	.82	.23	41	5	.35	.04
119200	1952	103	19	.86	.16	27	1	.23	.01
118900	1953	82	29	.69	.24	26	1	.22	.01
118400	1954	79	19	.67	.16	22	1	.19	.01
117400	1955	61	13	.52	.11	19	—	.16	—
117200	1956	60	10	.51	.08	11	1	.09	.01
116200	1957	49	11	.42	.09	13	—	.11	—
115100	1958	43	8	.37	.07	11	1	.09	.01
114200	1959	48	3	.42	.03	5	1	.04	.01
113460	1960	39	4	.34	.03	7	1	.06	.01
113170	1961	49	7	.43	.06	5	2	.04	.02
112130	1962	45	5	.40	.04	8	1	.07	.01
111670	1963	48	6	.43	.05	10	3	.09	.03
110390	1964	46	9	.42	.08	9	—	.08	—
109030	1965	40	7	.37	.07	6	1	.05	.01
107400	1966	36	11	.34	.10	7	—	.06	—
106010	1967	55	12	.52	.11	7	1	.07	.01



The tuberculosis rate per 1,000 of the population increased for respiratory tuberculosis from .34 in 1966 to .52 in 1967. The 1966 rate of .34 was the lowest rate for incidence of tuberculosis ever recorded in Preston except in the year 1960 when the rate was the same.

The rate per 1,000 of the population for non-respiratory tuberculosis increased slightly from .10 in 1966 to .11 in 1967. 7 deaths occurred in 1967 whose cause was attributed to respiratory tuberculosis. There was one death from non-respiratory tuberculosis in 1967. This gives a death rate for respiratory tuberculosis per 1,000 of the population of 0.07 and a death rate for non-respiratory tuberculosis per 1,000 of the population of 0.01.

It is clear that every effort must be taken by members of the public to have their chest X-rayed at regular intervals by the mass miniature radiography unit and to allow their children to have B.C.G. vaccination against tuberculosis at school. The greater the number of non-immune children, the greater risk they face with even a moderate increase in tuberculosis incidence. This is so when the overall number of cases of tuberculosis is sufficiently small to reduce the chance of acquiring natural immunity to the disease by a sub-clinical infection. The Ministry of Health and the Home Office have in a recent joint circular once again stressed the importance of screening all persons who work in close contact with children before and during employment by a Local Authority. This has been the practice in Preston Health Department for some considerable time.

Prevention of illness, care and after-care as applied to tuberculosis.

Domiciliary follow up of cases of tuberculosis who are being treated at home is undertaken by the health visitors in the normal course of their duties. The health visitors also investigate all households when new cases are notified to ascertain and arrange for the examination of contacts. During the year a total of 415 households were visited.

Under the scheme for the examination of contacts 366 persons were skin tested at the Chest Clinic and 52 were found to have positive reactions. Of the remainder who had negative reactions 314 were given B.C.G. vaccination. A further 21 were vaccinated without prior skin tests. The mobile mass miniature radiography unit of the Manchester Regional Hospital Board made its annual visit to Preston from 3.1.67 to 12.1.67 and 16.1.67 to 24.2.67 and operated in the east area of the town, where 7,924 persons volunteered for examination.

12 were found to have active pulmonary tuberculosis, 6 to require further observation and 6 to have cancer of the lung.

Venereal Diseases.

Table 33.
Preston County Borough.
Venereal Disease—New Cases.

	1967	1966	1965	1964	1963	1962	1961	1960	1959
Gonorrhoea	232	153	131	187	184	179	173	151	105
Syphilis	3	2	21	16	19	19	11	13	15

Social work in connection with cases of venereal disease is carried out by the health visitors. Routine enquiries are made on all ships by the port health inspectors. Seamen seen at the clinic during the year numbered 69 compared with 59 in 1966. The number of new cases of syphilis treated at the clinic at Preston Royal Infirmary was 3 in 1967 compared with 2 in 1966, 21 in 1965 and 16 in 1964. This is contrary to the national trend. Very much in keeping with the national trend is the increase of 51.6% in the number of cases of gonorrhoea seen for the first time at the clinic in 1967. 232 cases were seen compared with 153 in 1966. This is well over a hundred per cent increase on the 1959 figure of 105 cases. Gonorrhoea is a disease that in the 1960's can be caught easily by teenagers from both good homes and bad and this fact is borne out by national statistics. A study conducted by the Department of Venereology, St. Mary's Hospital, London, showed that 86 out of 100 promiscuous girls under 20 came from financially secure homes where the family provided all the material comforts and needs. Another survey on 200 girls from Leeds and London aged 13 to 20 years showed a high instance of venereal disease and 25% had a grammar school place. Many came from good homes. Health education amongst teenagers regarding the dangers of venereal disease is one in which the Preston Health Department is attempting to stem these increasing rates of gonorrhoeal infection.

VACCINATION AND IMMUNISATION PROCEDURES CARRIED OUT IN 1967

Vaccination and Immunisation.

In Preston routine vaccination against Smallpox is carried out by the general practitioners only. The health department medical staff provide routine immunisation in childhood against whooping cough, diphtheria and tetanus and vaccination against poliomyelitis and tuberculosis.

The following schedule was applied during 1967.

IMMUNISATION TIMETABLE

Age	During Infancy
6 months	1st TRIPLE ANTIGEN (Diphtheria, Whooping Cough, Tetanus) together with 1st POLIOMYELITIS VACCINATION
7 months	2nd TRIPLE ANTIGEN together with 2nd POLIOMYELITIS VACCINATION
8 months	3rd POLIOMYELITIS VACCINATION
15-18 months	3rd TRIPLE ANTIGEN
1-2 years	SMALLPOX VACCINATION (available through family doctors) AT SCHOOL
5 years	Booster TRIPLE ANTIGEN together with ,, POLIOMYELITIS VACCINATION
10 years	,, DIPHTHERIA and TETANUS
13 years	,, B.C.G. VACCINATION against TUBERCULOSIS

Concern has been expressed nationally regarding falling immunisation and vaccination rates. Parents in northern industrial areas have suffered from some in-built reluctance to have their children protected by immunisation and vaccination. This is well demonstrated by studying immunisation rates for different towns. During the last few years there has been a fall in the number of courses of whooping cough, diphtheria and tetanus immunisation completed which cannot be accounted for by a falling child population. A similar decline was observed in the number of completed poliomyelitis vaccination courses. In an effort to reverse this trend a campaign was held during the last four months of the year to increase the immunisation rates for whooping cough, diphtheria, tetanus and poliomyelitis. In line with Ministry of Health publications, for simplification, the term immunisation is being applied to poliomyelitis vaccination.

A report on the campaign is given below.

Report on a Campaign to increase the Immunisation Rate held for four months September 1st to December 31st, 1967.

A campaign to increase the immunisation rate was instituted on September 1st, 1967 to operate for 4 months until December 31st. The target was to double the immunisation rate. Although there is an ever-present need for constant effort in encouraging mothers to have their children immunised, the campaign was introduced to combat falling immunisation rates. There was a national decline in immunisation rates during 1966 and Preston was below the national average for that year for whooping cough and diphtheria immunisation and only achieved the national average for poliomyelitis. On the whole northern industrial populations are found less ready to accept the benefits conferred by immunisation.

Un-immunised children fall into three classes:—

- (1) Those whose parents have consented but the child fails to attend.
- (2) Those who have not completed courses.
- (3) Those whose parents have refused or ignored immunisation.

The large number in the first group is particularly disturbing. In many cases the mother intends having her children immunised but for a number of reasons she does not fulfil these intentions. One of the objects of the campaign was to increase the accessibility of immunisation and to reduce waiting time at clinics.

Special effort was directed to the following points:—

(1) INTENSIVE HEALTH VISITING OF DEFAULTERS.

Of all the methods required to improve the immunisation rate, personal contact between the Health Visitor and the mother is the most important. In July 1967, immediately prior to the campaign, an enquiry was conducted into selected cases of non-attendance for immunisation.

A list of approximately 15 names was completed for each of 21 Health Visiting districts. No lists were prepared for 5 districts whose staff were absent or where there was a vacancy. The children on these lists were those whose parents had consented to immunisation but who had failed to attend. The number on the list was made up to fifteen on some districts by the addition of names of children for whom no consent had been received. Health Visitors were asked to

visit each address and to request attendance at the next and nearest infant welfare centre. If the child failed to attend the Health Visitor revisited the home the same week and obtained the reason for non-attendance and gave a further appointment.

Table 34.
Enquiry into selected cases of non-attendance for Immunisation

Number of children on list	..	..	..	..	256
of these 256, the number given appointments was	..				71
of these 71	..	..	..	..	26 attended (37%) and 45 failed to attend (63%)
Of the 256, 185 children were not given appointments for the following reasons:—					
(1) Immunisation in progress or completed	(a)	by G.P.	29		
	(b)	by clinic	34		
(2) Removed from	(a)	District	37	(14%)	
	(b)	Borough	50	(19%)	
(3) Child ill			11	+ 1 died	
(4) Consent refused			15		
(5) Mother at work and child not available or no access to home			8		
			Total	185	

The main features of this enquiry were:—

- (1) the high percentage of children who failed to attend after a personal visit by the Health Visitor (63%). These children were ones already known to be less likely to attend for immunisation as they had, in the majority of cases, failed to attend on previous occasions.
- (2) the large number of removals (33%) since the child was last in contact with the department. The high number (14%) of inter-district transfers brought to light deficiencies in the notification of these transfers to the Health Visitor to whose District the child had removed and this has been rectified by the establishment of an inter-district transfer register.

Children who failed to attend again after the second personal visit by the Health Visitor were followed up once again.

- (2) DOCTORS AND NURSES MAKING A PARTICULAR POINT OF ASKING MOTHERS WHETHER THEIR CHILDREN HAD BEEN IMMUNISED OR NOT WHEN CHILDREN WERE PRESENTED FOR EXAMINATION IN SCHOOLS AND CLINICS.
- (3) THE HOLDING OF ADDITIONAL IMMUNISATION SESSIONS FOR CHILDREN OF PRE-SCHOOL AND SCHOOL AGE AT HEALTH CENTRES.
- (4) THE USE OF A MOBILE CLINIC IN SELECTED AREAS.

A large van was adapted for use as a mobile clinic and staffed by a doctor, two health visitors and a clerk. The mobile clinic was first operated on the Ribbleton Hall Estate on September 14th. Homes of defaulters were visited by the

Health Visitors and the children brought to the van. The clinic was held from 2.0 p.m. to 7.30 p.m. (double session) and 31 children were immunised. Six subsequent sessions in other parts of the town were unproductive. The following month the clinic operated on the Ribbleton Hall Estate from 4.20 p.m. to 7.15 p.m. and immunised 35 children. Children immunised the previous month during the other mobile sessions were re-immunised at clinics. Nurses took the 3rd polio doses to the homes of children who had received their first and second doses from the mobile clinic. There are arguments for and against the use of a mobile clinic. Within the special context of the campaign the clinic was valuable in securing the immunisation of children on the Ribbleton Hall Estate who would not otherwise have been immunised. In economic terms the operation of the mobile clinic was not successful, but then the cost per child immunised in the case of "hard core" defaulters is always many times the average cost per child.

(5) INTENSIVE HEALTH EDUCATION PUBLICITY.

This was carried out several ways. Poster displays were held in clinics, there was a special window display at 48 Lancaster Road, and a letter was sent from the Medical Officer of Health to parents of children not yet immunised. This letter reminded parents that not only was their own child at risk, but their action affected others as, once introduced into the town, a disease could easily spread if the percentage of children who had been immunised fell below a certain level. Most important was the health education given by Health Visitors to the mothers themselves. An effort has been made to overcome the fact that some families destroy mail without reading it because anything coming through the letter box is suspect in case it is a bill or a threat of eviction. Some children have been known to make a point of destroying School Health Service appointments before their parents can read them. Colourful postcards of holiday scenes have been purchased costing 2.8 pence each, including the cost of overprinting with the following message from the Medical Officer of Health.

PLEASE WILL YOU HAVE

.....

IMMUNISED AT THE CLINIC AS SOON AS POSSIBLE.
THOUSANDS OF CHILDREN HAVE HAD THEIR LIVES SAVED BY
HAVING THIS DONE, YOUR'S MIGHT BE ONE.

It is hoped that natural curiosity and lack of suspicion will result in the message regarding immunisation being read by such families described above.

(6) HOLDING OF

5-7 p.m. WORKING MOTHER IMMUNISATION SESSIONS AND

(7) HOLDING OF EARLY CLOSING DAY CLINICS.

These two points were effected through the use of the mobile clinic at such times and immunising at clinics on Thursday afternoons.

(8) Medical and Nursing Staff were asked to eliminate any prolonged waiting time by introducing, where indicated, separate clinic seating for mothers wanting a child immunised and prompt immunisation in the interval between the examination of "long" cases.

(9) Statistical data were supplied to staff giving information on the progress of the Campaign.

- (10) The Deputy Medical Officer of Health discussed the campaign with the medical staff and held a meeting with the Health Visitors to introduce the campaign. Another meeting with all the Health Visitors present was held in October.

The Result of the Campaign

This is expressed below in two ways.

- A. by comparing the immunisation rate for the four months of the campaign with the previous eight months.
- B. by comparing the immunisation rate for 1967 with 1966.
- A. The immunisation rate during the four months of the campaign related to the previous eight months.
(i.e. January 1st—August 31st, 1967 related to September 1st—December 31st, 1967).

Table 35.

				Average number completed courses per month	
				Trivax	Poliomyelitis
January 1st—August 31st	..	..	..	127	132
September 1st—December 31st	..	..	..	164	158
Total increase	..	..	..	37	26
Percentage increase	..	..	..	29%	20%

The target of a double increase in immunisation rate was not obtained but an increase of 29% increase in completed trivax courses and of 20% increase in completed poliomyelitis courses is encouraging.

- B. The immunisation rate for 1967 compared with 1966.

Table 36.

Trivax

Primary courses completed during 1967, compared with those completed in 1966

Year of Birth		Year of Immunisation		Year of Birth	
1966	1966	1967		1967	
	373	466			
1965	962	974		1966	
1964	63	110		1965	
1963	35	65		1964	
1959-62	186	271		1960-63	
Others	4	11		Others	
Total	1,623	1,897			
Increase		274	Percentage Increase: 14.4		
Reinforcing Doses					
1966	2,285	1967		2,481	
Increase	196		Percentage Increase: 7.9		

Table 37.
Poliomyelitis
Primary courses completed during 1967, compared with those of 1966.

Year of Birth	Year of Immunisation		Year of Birth
	1966	1967	
1966	274	345	1967
1965	1,002	1,146	1966
1964	51	102	1965
1963	31	58	1964
1959-62	93	281	1960-63
Others	53	233	Others
Total	1,504	2,165	
Increase		661	Percentage Increase: 30.5
Reinforcing Doses			
1966	955	1967	1,344
Increase	389		Percentage Increase: 28.9

Table 38.
Completed Primary Courses

						Courses	
						1966	1967
Diphtheria	..	..	..	..	..	1,740	2,095
Whooping Cough	..	..	..	..	..	1,623	1,897
Tetanus	..	..	..	..	..	2,541	2,571
Poliomyelitis	..	..	..	..	..	1,504	2,165
Reinforcing Doses							
Diphtheria	..	..	..	..	..	3,256	3,789
Whooping Cough	..	..	..	..	..	2,400	2,491
Tetanus	..	..	..	..	..	3,617	3,989
Poliomyelitis	..	..	..	..	..	955	1,344

From tables 2, 3, 4 and 5 above it will be seen that in every category without exception the number of persons immunised against whooping cough, diphtheria, tetanus and poliomyelitis increased in 1967 compared with 1966.

There was a 14.4% increase in 1967 in primary courses completed of whooping cough, tetanus and diphtheria. A 30.5% increase in poliomyelitis primary courses was obtained in 1967.

Table 39.
Number of children receiving a full primary course of diphtheria immunisation

Annual Births	YEAR OF BIRTH														Total
	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
	1914	1823	1832	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	1865
1953	122														122
1954	929	178													1107
1955	179	824	199												1202
1956	53	116	818	211											1198
1957	27	45	113	796	195										1176
1958	101	58	79	139	900	199									1476
1959	79	87	28	48	121	688	192								1243
1960	23	108	62	40	56	186	877	228							1580
1961	22	24	102	77	58	94	229	979	186						1771
1962	3	11	15	106	88	28	33	147	807	165					1403
1963	3	3	6	19	94	102	32	66	240	1160	408				2133
1964	128	4	1	7	12	107	110	30	68	137	1003	433			2040
1965	4	112	8	6	6	17	88	110	55	65	96	1073	471		2111
1966	1	2	100	2	1	5	14	93	64	24	35	63	962	373	1739
1967	—	1	12	161	5	10	13	22	115	94	46	65	111	974	2095
Total	1674	1573	1543	1612	1536	1436	1588	1675	1535	1645	1588	1634	1544	1347	22396

YEAR DIPHTEHRIA IMMUNISATION COMPLETED

Vaccination and Immunisation procedures carried out in 1967.

Smallpox Vaccination.

The number of primary vaccinations of children under 5 years of age carried out by general practitioners was 558, compared with 407 in 1966, an increase of 27%.

Diphtheria.

Diphtheria, whooping cough and tetanus are administered in the combined form, although single injections of diphtheria toxoid are sometimes given. The number of children who completed courses of immunisation in 1967 was 2,095 compared with 1,739 in 1966, an increase of 16.99%. The immunity index for children under one year of age was 25.72%, which was similar to that in 1966. The immunity index for children aged over one year but under five years was 76.3% an increase compared with 74.49% in 1966. The index for all children under 15 years of age who had received a primary course or booster dose within the preceding five years was 69.51% an increase from 1966's figure of 68.02%.

Whooping Cough.

The number of children who completed courses of immunisation against whooping cough in 1967 was 1,897 compared with 1,622 in 1966, an increase of 14.4%. The number of courses is similar to those for diphtheria and tetanus as most children receive whooping cough prophylaxis in a form combined with diphtheria and tetanus. The immunity index for children under one year of age was 25.72%, a decrease from the figure of 26.11% for 1966. The immunity index for children aged one year but under five years of age was 76% an increase from 74.20% for 1966. The index for all children under fifteen years of age who had received a course of injections within the preceding five years was 53.77% an increase from 51.02% for 1966. The number of children receiving a reinforcement injection for whooping cough increased from 2,400 in 1966 to 2,491.

Table 40.
Whooping Cough Incidence in Association with Immunisation.

Year	0—4 Years						5+ Years	
	Popula- tion	No. Immu- nised	Total Cases				Total Cases	
			Unim- munised	Group Attack Rate per 100	Immu- nised	Group Attack Rate per 100	Unim- munised	Immu- nised
1953	9,400	1,730	148	1.9	3	0.17	95	0
1954	9,200	2,818	153	2.4	7	0.25	85	0
1955	8,900	3,649	10	0.2	5	0.14	2	0
1956	8,800	4,441	126	2.9	16	0.36	124	8
1957	8,700	4,535	55	1.3	8	0.17	38	5
1958	8,700	4,679	3	0.07	2	0.04	2	0
1959	8,700	4,373	9	0.21	2	0.04	6	1
1960	8,900	4,492	59	1.34	9	0.20	37	13
1961	9,000	4,914	11	0.27	3	0.06	9	0
1962	9,300	5,107	14	0.36	4	0.08	3	1
1963	9,300	5,754	10	0.28	2	0.03	7	1
1964	9,500	6,048	52	1.54	15	0.25	24	9
1965	9,600	6,356	—	—	2	0.02	—	—
1966	9,500	6,455	15	1.37	6	0.09	9	3
1967	9,300	6,559	29	3.91	8	0.12	11	6

Table 41.
Whooping Cough Immunisation.
 Number of Children receiving a full primary course of immunisation.

YEAR WHOOPING COUGH IMMUNISATION COMPLETED		YEAR OF BIRTH																Total														
		1953		1954		1955		1956		1957		1958		1959		1960			1961		1962		1963		1964		1965		1966		1967	
		Annual Births	1914	1823	1832	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	1865		Total													
1953	131																														131	
1954	813		173																												986	
1955	126		773	187																											1086	
1956	53		112	807	210																										1182	
1957	22		44	110	782	192																									1150	
1958	88		56	74	136	890	200																								1444	
1959	82		78	25	45	119	685	192																							1226	
1960	22		101	59	39	51	186	871	228																						1557	
1961	21		22	97	76	57	93	227	976	186																					1755	
1962	—		6	6	76	86	25	32	143	800	163																				1337	
1963	—		—	—	17	92	101	36	69	250	1174	407																			2146	
1964	—		1	—	4	9	106	108	30	68	133	993	428																		1880	
1965	1		1	1	3	4	17	88	109	54	63	95	1071	471																	1978	
1966	—		—	1	—	—	2	10	90	62	24	35	63	962	373																1622	
1967	—		—	1	5	1	1	3	18	114	93	46	65	110	974	466															1897	
Total		1359	1367	1368	1393	1501	1416	1567	1663	1534	1650	1576	1627	1543	1347	466																21377

Tetanus.

As most children receive tetanus immunisation in a combined form with whooping cough and diphtheria, the numbers immunised closely parallel those for diphtheria and whooping cough. The number of children immunised against tetanus increased from 2,541 in 1966, to 2,571 in 1967, an increase of 1.17%. The immunity index for children under one year of age for tetanus was 25.72% a decrease from 26.11% for 1966. For children aged one year but under five years of age the immunity index was 76.29% an increase from 74.46% for 1966. The index for all children under fifteen years of age who had received a primary course within the preceding five years was 69.4% an increase from 67.00% for 1966.

Poliomyelitis.

In all age groups there was an increase in the number of children who completed a course of primary vaccination against poliomyelitis. The total number increased from 1,504 in 1966 to 2,165 in 1967, an increase of 30.53%. 1,344 children received reinforcing doses during the year compared with 955 in 1966, an increase of 28.94%.

The estimated percentage of the population immunised under fifteen years of age was 92% in 1967, compared with 97.79% in 1966.

Table 42
POLIOMYELITIS VACCINATION

COURSE	YEAR OF BIRTH																Total
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	
Two Injections plus one Oral or three Oral	312	312	350	419	542	754	777	796	918	1477	1703	1617	1602	1490	1420	345	14,834
Three Injections plus one Oral	456	407	474	430	755	875	789	781	807	579	532	378	246	3	2	—	7,514
Four Injections plus one Oral or Three Injections plus two Oral	920	880	795	654	517	139	166	237	236	4	—	5	—	—	—	—	4,553
Three Injections plus three Oral or Four Injections plus two Oral	160	154	114	113	71	—	—	4	6	8	—	—	—	—	—	—	630
Total	1848	1753	1733	1616	1885	1768	1732	1818	1967	2068	2235	2000	1848	1493	1422	345	27,531

Tuberculosis.

Consent for vaccination was given by the parents of 1,434 children out of a total of 1,695 who were in their fourteenth year. This number of acceptances is 84.6% of the total, and is a very slight increase compared with the 1966 number of acceptances which was 84.0% of the total.

Heaf tests were carried out on 1,184 of those consenting and also on 201 defaulters from previous years. Of these, 240 children were positive. In all 1,145 vaccinations were carried out compared with 1,375 vaccinations in 1966. The percentage of children with a positive reaction to the total number tested was 17.3% compared with 12.8% in 1966. This is the third lowest percentage since 1954. A total of 1,145 children were found to have negative reactions, and these were all given B.C.G. vaccination. Among the positive reactors 65 were found to be strongly positive and these were referred to the Chest Clinic for X-ray, where one child was found to have tuberculosis.

Table 43.
B.C.G. Vaccination of thirteen-year-old school children.

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
No. tuberculin tested ..	1,037	1,039	982	1,071	1,033	1,492	1,512	1,454	1,524	1,241	1,309	1,375	1385
No. of tuberculin positives ..	253	286	269	245	190	265	272	296	319	239	226	177	240
Percentage positive reaction to total tuberculin tested ..	24.4	27.5	27.4	22.9	18.4	17.76	17.99	20.36	20.93	19.26	17.27	12.8	17.3
No. of tuberculin negatives ..	784	753	713	824	843	1,227	1,240	1,158	1,205	1,002	1,083	1,194	1145
No. vaccinated	784	745	705	804	820	1,219	1,230	1,150	1,202	998	1,082	1,192	1145
No. of vaccinated who were tuberculin negative at 12 × weeks after vaccination ..	184	3	7	83	49	24	13	—	—	—	—	—	—

Summary of results of Vaccination and Immunisation Programme in 1967

In every category without exception the number of persons immunised against whooping cough, diphtheria, tetanus and poliomyelitis increased in 1967 compared with 1966. The number of children vaccinated against smallpox increased as did the number of children tuberculin tested.

The increase in 1967 in the number of children completing a primary course of immunisation or vaccination compared with 1966 was as follows.

Smallpox	27%
Whooping Cough, Diphtheria and Tetanus ...	14.4%
Poliomyelitis	30.5%
B.C.G. Vaccination against Tuberculosis ...	0.6%

Treatment of Scabies and Verminous Heads.

Greenbank Health Centre operates as the main cleansing centre. Cuttle Street Clinic and Avenham Health Centre were used as additional centres for the treatment of verminous heads. The full-time hygiene attendant operating these clinics left in February and was not replaced until seven weeks later in April. At the same time a temporary part-time hygiene attendant was appointed to operate from Ribbleton Health Centre to deal with the heavy degree of head infestation of children in the Ribbleton area. The number of cases of scabies treated was 205, approximately the same as in 1966 when it was 217—once again a figure far too high for this day and age. The total number of children treated for verminous heads at cleansing centres increased from 1,833 children in 1966 to 2,192 in 1967. This increase is due to 479 children being treated by the part-time hygiene attendant at Ribbleton Health Centre between April and the end of the year. The remaining centres treated 120 fewer children than in the previous year due to the absence of a hygiene attendant for the best part of two months. It must be remembered that the figures given of children treated for verminous heads do not represent all the school children found to be infected with nits as many are treated under the school nurses' instruction by their mothers and also by the nurses themselves. The total incidence of nits amongst school children today is both common and unnecessary. Some parents do not appear to accept their responsibilities in this direction. Reference is made to head louse infestation in school children in the School Health Report.

Table 44.

	GREENBANK				AVENHAM		CUTTLE ST		RIB'TON	
	Scabies		Verminous Heads		Verminous Heads		Verminous Heads		Verminous Heads	
	Cases	Treatments	Cases	Treatments	Cases	Treatments	Cases	Treatments	Cases	Treatments
Men	28	43	—	—	—	—	—	—	—	—
Women . . .	40	60	—	—	—	—	—	—	—	—
Boys (under 14)	76	124	149	149	41	41	249	249	152	152
Girls (under 14)	61	101	501	501	242	242	531	531	327	327
TOTALS . .	205	328	650	650	283	283	780	780	479	479

Sanitary Circumstances of the Area

1. New Legislation.

Enactments extending the functions of the authority and which came into operation during the year were:

The Toys (Safety) Regulations, 1967 (operative 1.11.67)

The Colouring Matter in Food Regulations, 1966 (operative 26.6.67)

The Food (Control of Irradiation) Regulations, 1967 (operative 1.6.67)

The Butter Regulations, 1966 (operative 1.9.67)

The Cheese Regulations, 1966

The Cheese (Amendment) Regulations, 1966 } (operative 1.2.67)

The Artificial Sweeteners in Foods Regulations, 1967 (operative 1.7.67)

The Food Hygiene (Markets, Stalls and Delivery
Vehicles) Regulations, 1966

The Food Hygiene (Markets, Stalls and Delivery
Vehicles) (Amendment) Regulations, 1966 } (operative 1.1.67)

Food Hygiene Code of Practice No. 7.

Hygiene in the operation of coin operated vending machines.

2. Staffing.

At the request of the Ministry of Housing and Local Government the Senior Housing Inspector was seconded to them for a period of six weeks to assist in a national survey of housing conditions.

One student public health inspector successfully sat the qualifying Diploma examination of the Public Health Inspectors Education Board and was subsequently appointed to fill a public health inspector's vacancy in the establishment of the department.

Two second year students passed the intermediate examination of the Public Health Inspectors Education Board.

One new student was appointed to fill a vacancy in the student establishment created by the promotion of the senior student on his qualification.

The public health inspectorate establishment was restored to full strength by the promotion referred to above, and remained so for the remainder of the year.

3. Water.

The water supply to the borough is provided by the Preston and District Water Board, which was constituted by an amalgamation of the Preston Corporation water undertaking with that belonging to Fulwood Urban District Council. The Board is administered by representatives of the various district councils who are supplied by the undertaking.

The water is an upland surface supply with catchment areas in the hilly moorland area of the Trough of Bowland.

Storage reservoirs and treatment plant are located in the Longridge Urban District Council area.

During the year some work was done in conjunction with the Social Medicine Research Unit of the Medical Research Council in relation to the presence of lead in water lying overnight in lead pipes. No lead is present in the water as supplied from the Water Board mains but small quantities of lead were found in certain early morning samples taken from old properties where lead service pipes still prevail.

Subsequently, the Water Board varied the treatment of the water to reduce further its plumbo solvency. -

Investigations have been continued into the present year.

I am indebted to the manager of the Water Board, Mr. J. F. Bailey, A.M. Inst. C.E., M.Inst.W.E., for data and information on the purity and quality of the supply provided.

The water supply of the area has been satisfactory both in quantity and quality during the year.

Bacteriological analyses were made of the raw water as follows:

66 samples from intakes.

20 samples from aqueducts.

52 samples from storage reservoirs.

51 samples from consumers' premises.

Eight samples from the intakes and reservoirs were tested for Radioactivity by the Manchester Corporation Waterworks Laboratory.

The pH value of the water leaving the White Bull Treatment plant has been further increased during the current calendar year to 9.0 (using electrometric instruments) and 8.4 using colourimetric analysis with Cresol Red reagent with resultant readings in supply in the Borough of 8.4 (Electrometric), and 7.5 (colourimetric with Phenol Red reagent).

No specific instance of contamination has occurred during the year and hence no special action above the ordinary routine treatment has been necessary, except the removal of straw and phenol-based disinfectant mats laid by the West Riding Authorities on the roads adjacent to the Losterdale Intake during the epidemic of Foot and Mouth disease. Fortunately these were discovered and removed before any water from them had drained into the Intake.

The Borehole close to Haighton Reservoir (0.5 million galls per day) was completed to augment the supply when necessary.

Details of a recent chemical analysis of water taken in Preston are as follows:

Physical Properties—

Colour (Hazen Units)	18
----------------------	-----	-----	-----	-----	-----	----

Analytical Returns expressed in parts per million—

Total solid Residue (Dried at 180°C)	...	...	...	60.0
Oxygen required to oxydise	{ in 15 mins.	...	...	1.12
	{ in 3 hours	...	...	1.69
Ammonia—Free and Saline	...	...	...	0.05
Ammonia—Albuminoid	...	...	...	0.11
Nitrogen as Nitrates...	...	...	...	0.20
Nitrogen as Nitrites ...	...	...	...	Nil
Chlorides	...	...	...	12.0
Temporary Hardness	...	...	...	Nil
Permanent Hardness	...	...	...	26.0
Total Hardness	...	...	...	26.0
pH Value	...	...	...	7.2

No supplies are normally by stand-pipes.

34,912 dwelling houses and a population of 106,010 are served directly from the Board's mains."

4. Sewerage.

The whole of the town except one low-lying area occupied by one or two farms is on the main sewage disposal system for the borough.

Except in the area described all private and public sanitary accommodation is water borne and the arrangements generally are considered adequate.

The position of the Eaves and Savick Brooks reported last year has continued to be kept under review. The situation has eased somewhat by regular maintenance and supervision, and it can be said that during the current year there has not been the same inconvenience and offence which has been the cause of criticism in recent years.

5. (a) Sanitary Circumstances.

Table 46 shows sanitary improvements carried out as a result of action by the public health inspectors.

To implement the execution of these works it was necessary to serve 185 informal notices and 80 statutory notices under the Public Health Act.

In one instance only was it necessary to go to the extreme limit and obtain an abatement order through the magistrates court in order to enforce the execution of works of repair to a property.

When one compares the corresponding tables for say 1957 with those of the current year one can see the change in the work of enforcement which has come about by the removal of so much insanitary property in the interim.

In place of enforcement of sanitary notices for many kinds of structural repair to older houses, new forms of enforcement are the public health inspector's lot. Food hygiene, noise abatement, multi-occupied houses and many other facets of modern living are now occupying his time and vigilance.

(b) CONTROL OF CARAVAN SITES.

One small registered site exists in the town and has been maintained satisfactorily, and the amenities provided are in accord with the model standards of the Ministry of Housing and Local Government for caravan sites.

The problem of the itinerant caravan dwellers, who are not, as frequently described, gypsies, but tinkers is as acute as ever. One or other of the various cleared sites in the town are occupied by a varying number of caravans at any given time. There is no sanitation, water supply or refuse disposal, so that standards of hygiene are low in the extreme. When the vans are moved on the resources of the Cleansing Department are required to remove the debris and waste left behind.

The solution advanced in last year's report has been advocated up and down the country during the year from various interested bodies, Members of Parliament, and others concerned with the present conditions under which these people live.

A properly controlled site with all the amenities is the only way to stop the present misuse of various plots of land in the borough.

In all 98 visits were paid to the various sites by inspectors during the year.

(c) COMMON LODGING HOUSES.

There are no longer any common lodging houses as defined in the Public Health Act which can be controlled by the local authority through registration.

But again it is suggested many premises which are in use should be brought under the more rigid control of the Act by modification of Section 235, Public Health Act, 1936.

(d) PLACES OF PUBLIC ENTERTAINMENT.

This has been an uneventful year so far as places of public entertainment are concerned. Numbers remain approximately as reported last year, and apart from the occasional minor repairs the standards in general are well maintained.

38 visits were paid during the year to places of public entertainment.

(e) OFFENSIVE TRADES.

There are eight establishments registered with the local authority as offensive trades under the provisions of Section 107, Public Health Act, 1936. There are now none functioning which were exempt from these provisions by virtue of being established prior to the passing of the Public Health Act, 1875. The last of these, which was closed down, the site having been acquired by compulsory purchase the previous year, has during the current year been re-established as new premises subject to annual registration at the abattoir.

(f) DISINFECTION AND DISINFESTATION.

Spraying by DDT carried out at the request of the Housing Department was undertaken in 214 cases. 112 other treatments were also carried out during the year.

(g) FACTORIES.

The work undertaken is summarised in tables 48, 49 and 50.

Liaison is maintained at a happy level with H.M. Factories Inspectorate in this work which involves both them and the public health inspectors.

(h) RODENT CONTROL.

For the second year running a complete treatment of the town's sewers was carried out using fluoroacetamide, as a direct acting poison.

In all, 2,930 manholes were treated out of a total of 2,981. Those untreated were left because of inaccessibility.

The treatment extended from 22nd February to 12th May. Workmen loaned by the Highways and Sewers Section of the Borough Surveyor's Department were supervised by a trained rodent operator.

A subsequent test bait carried out during September and October on approximately 13% of the manholes treated revealed total takes to be 31.

Other rodent control work is shown in the summary in table 51.

In the main rat complaints were down on previous years. This reduction in activities could well be linked to the very successful treatment of the sewers in the past two years.

Mice on the other hand still show a marked resistance to normally accepted treatments. New poisons have been tried and will continue to be used but there is an urgent need for an efficient and easily applied rodenticide capable of dealing effectively with mice.

The Chief Public Health Inspector represented the Council on the N.W. Lancashire Advisory, and Co-ordinating and Consultative Committees on rodent control organised by the Ministry of Agriculture, Fisheries and Food.

(i) CONSUMER PROTECTION ACT.

It was necessary to issue several verbal warnings about unsatisfactory heating appliances, these being in respect of second-hand articles offered for sale.

Since the introduction of the Toys (Safety) Regulations, 1967 one complaint regarding the paint film on a toy has been investigated.

Eleven visits were paid in connection with the above.

(j) FERTILISERS AND FEEDINGSTUFFS ACT, 1926.

No applications were received during the year for samples to be taken in accordance with Section 3 of the Act.

Twenty samples of feedingstuffs and eight samples of fertilisers were taken during the year and these are listed in Table 45.

One garden fertiliser contained soluble and insoluble phosphoric acid slightly in excess of that declared in the statutory statement.

One bone meal contained total phosphoric acid slightly in excess of that declared in the statutory statement.

One John Innes base fertiliser contained soluble phosphoric acid slightly in excess of that declared in the statutory statement.

In each instance the Agricultural Analyst was of the opinion that the differences, although marginally in excess of limits of variation, would not be to the prejudice of a purchaser.

One calf-rearing cake contained oil in excess of that declared in the statutory statement and although this was slightly in excess of the limit of variation the Agricultural Analyst was of the opinion that it would not be to the prejudice of the purchaser.

One "informal" sample of high-yield cattle cake was slightly deficient in oil but had a large protein deficiency. A further sample taken in accordance with the Act showed only a slight deficiency of oil which the Agricultural Analyst was of the opinion would not be to the prejudice of a purchaser. Investigation of the protein deficiency at the compounders revealed the probable cause to be the introduction to the hoppers of bagging machines of one cattle cake before the complete removal of another type of cake. The compounders were warned in this instance.

One "informal" sample of creep feed pellets had a large deficiency of protein and contained 6.0% of a deleterious ingredient namely siliceous matter. A further sample taken in accordance with the Act gave a similar result and the Agricultural Analyst was of the opinion that this deficiency would be to the prejudice of a purchaser.

The Health Committee decided that a formal warning letter should be sent to the compounders in this instance.

One "informal" sample of turkey starter pellets had a large deficiency of protein. A further sample taken in accordance with the Act gave a similar result and the Agricultural Analyst was of the opinion that the deficiency would be to the prejudice of a purchaser. A warning letter was sent to the compounders in this instance.

Table 45
Fertilisers and Feedingstuffs

	Number taken	Satis- factory	Unsatis- factory
Garden Fertiliser	1	—	1
Bone Meal	2	1	1
Growmore Fertiliser	1	1	—
Double Organic Plus Fertiliser	1	1	—
Sulphate of Ammonia	1	1	—
John Innes Base Fertiliser	1	—	1
Liquid Plant Food	1	1	—
Intensive Layers, Deep Litter and Battery Pellets ..	1	1	—
Growers Mash	1	1	—
Light Hybrid Layers Mash	1	1	—
Range Layers Mash	1	1	—
Poultry Grain Balancer Meal	1	1	—
Baby Chick Mash	2	2	—
Pig Rearing Meal	1	1	—
Pig Fattening Meal	1	1	—
Pig Meal No. 1	1	1	—
Calf Rearing Nuts and Cake	2	1	1
X.L. Dairy Mixture	1	1	—
Standard Cattle Cake	1	1	—
High Yield Cattle Cake	2	—	2
Super Creep Feed Pellets	2	—	2
Turkey Starter Pellets	2	—	2
	28	18	10

(k) RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

At the end of the year there were eight premises registered in accordance with Section 2 of the Act.

Eight samples were taken during the year. These included four stuffed toys and one each of kapok, feathers, wool flock pillow and goose feather pillow. None of the samples was unsatisfactory.

One enquiry was dealt with regarding the suitability of the filling material of a small doll. The filling was not one to which the above act applied.

(l) PUBLIC CONVENIENCES.

Staffing remains a problem in this section; there is a reluctance to take on such menial work as cleaning conveniences in these days of affluence. But with the new facilities at the Deepdale Depot now fully operational it has been possible to maintain the servicing of public conveniences satisfactorily by the manipulation of existing staff.

There is still a need for facilities in some parts of the town, and the replacement of others now obsolete. One of the difficulties in the provision of new conveniences is suitable sites. The provision of one in the Strand Road/Water Lane area has been found impracticable at present for this reason in spite of many enquiries, visits and discussions on the matter.

No new conveniences were erected during the year but one of the best known existing ones in town, at the junction of North Road and Meadow Street, disappeared under the road re-construction programme for the area. It is hoped this particular convenience will be replaced by the provision of facilities in the new Central Bus Station.

Wilful damage to public conveniences cost £199 6s. 4d.

(m) PHARMACY AND POISONS ACT, 1933.

Under Part II of the rules and orders made thereunder it is the responsibility of the public health inspectors to check registration of sellers of the poisons listed. These are in the main small mixed businesses selling liquids for washing, bleaching, etc., the main consideration being of course correct storage away from foodstuffs, etc.

In all, 6 visits were made during 1967 in connection with registrations or renewals thereof.

(n) HAIRDRESSING ESTABLISHMENTS.

There has been no notable change in the position relating to the control of hairdressers under local act provisions. Co-operation with the trade has remained on the same amicable terms as in previous years.

(o) NOISE.

This has now become one of the major sources of nuisance and efforts to combat it are constant.

There were 280 visits paid by staff to noise nuisances during the year. These generally involve long periods of observation and recording of sound levels by meter.

In furtherance of the work staff time has also been occupied in attendance at courses on what is still a comparatively little-known science. This is a furtherance of the desire of the Ministry of Housing and Local Government who made a recommendation in their Circular 22/67 on Noise Control that such courses should be attended.

It was not necessary to take any statutory action during the year but a number of cases were dealt with informally.

One of the difficulties of noise control is that there are no standards laying down at what level noises become a nuisance, so that assessment remains a matter of opinion. In one or two instances there has been a variance of opinion between complainant and staff on this issue. There is no doubt in some cases that what appears of minor import to a casual caller is a major issue to the extent of being an obsession to the person on the spot.

(p) SWIMMING BATHS.

There is no change in the Bathing Establishments recorded in previous years.

I am indebted to Mr. T. Bannister, Baths Superintendent, for the following data concerning the Corporation-owned establishments:

“ THREE OPEN-AIR POOLS

<i>Situation</i>	<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Moor Park	100 ft. × 50 ft.	109,400 gals.	3 hours.
Haslam Park	100 ft. × 50 ft.	148,500 gals.	4 hours.
Ribbleton Park	100 ft. × 50 ft.	148,500 gals.	4 hours.

The water in these pools is clarified by pressure filters air scoured for back wash and sterilised by modern chlorination plants maintaining a free chlorine content of from .75 to 1.0 p.p.m. at the outlet.

ONE INDOOR ESTABLISHMENT COMPRISING TWO POOLS

<i>Situation</i>	<i>Dimension</i>	<i>Capacity</i>	<i>Frequency of Water Change</i>
Saul Street:			
Large Pool	100 ft. × 42 ft.	140,000 gals.	4 hours.
Small Pool	60 ft. × 30 ft.	56,000 gals.	4 hours.

The large pool is converted to a dance and concert hall during the winter months.

The water in these pools is heated, and clarified by means of pressure filters with mechanical agitation for back washing and sterilised by a modern chlorination plant maintaining a free chlorine content of from .75 to 1.0 p.p.m. at the outlet.

At all swimming pools water for the initial filling and make-up water after back washing is taken from the town's water supply.

Sulphate of Alumina is added to filter flocculation and a pH value of 7.6 to 8.0 maintained by the addition of soda ash.

Tests for free chlorine and pH values are taken twice daily and at all peak bathing periods. In addition to these manual tests there is at the indoor pool a 24-hour daily graph reading made by an automatic chlorine recorder.

At all pools readings of free and combined chlorine, pH, water temperature, number of bathers, date of filter back wash, state of weather, are entered in a daily log book, as is also the rate of filter turnover.

A three-year maintenance cycle is carried out at all pools."

Table 46.
Sanitary Improvements effected under the Public Health and Housing Acts.

Chimneys provided, repaired or renewed	6
Dampness remedied	83
Downspouts and gutters repaired and renewed	58
Drains or sewers tested	133
Drains or sewers repaired cleansed or renewed	272
Dustbins provided	27
Fireplaces repaired or renewed	5
Floors repaired or renewed	9
Food storage provided, improved, repaired or renewed	1
Lighting improved	2
Nuisances abated (general)	176
Passages or yard surfaces flagged, etc.	1
Plasterwork repaired or renewed	48
Premises disinfested or cleansed	153
Premises treated for rats or mice or rendered rodent-proof	222
Roofs repaired or renewed	50
Sinks repaired provided or renewed	3
Walls repaired or renewed	17
Water service pipes provided, repaired or renewed	17
W.C. accommodation provided, repaired, renewed or converted	49
Woodwork including windows repaired or renewed	17
Ventilation improved	4
Other work done	68

Table 47.
Summary of Statutory Notices served under Public Health Act, 1936

<i>Section</i>	<i>Number served</i>
39 Drainage	15
45 Closet accommodation	10
58	
<i>(as amended by Sec. 24, Public Health Act, 1961)</i>	
79 Dangerous structure	2
89 Removal of noxious matter	3
89 Sanitary conveniences at Inns, etc.	1
92/3 Abatement notices (statutory nuisances)	49
	80

Factories Act, 1961**Table 48.
Inspections.**

Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	90	7	—	—
Mechanical factories in which Section 7 is enforced by the Local Authority	713	56	6	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)...	27	6	2	—
Totals	830	69	8	—

**Table 49.
Defects.**

Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)... ..	—	—	—	—	—
Sanitary conveniences (S.7)—					
(a) insufficient	3	2	—	1	—
(b) unsuitable or defective ...	5	7	—	4	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act...	—	—	—	—	—
Totals	8	9	—	5	—

Outworkers.

Table 50.
(Sections 133 and 134).

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc. }	4	—	—	—	—	—

Table 51.
Prevention of Damage by Pests Act, 1949.

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district.	43,356	55
2. (a) Total number of properties (including near-by premises) inspected following notification	655	4
(b) Number infested by (i) Rats	271	2
(ii) Mice	250	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	93	—
(b) Number infested by (i) Rats	6	—
(ii) Mice	7	—

Offices, Shops and Railway Premises Act, 1963

Section 60 of the Act requires local authorities to make an annual report to the Ministry of Labour giving statistical information prescribed by order. The particulars which have been given for the year ended 31st December 1967 are shown in tables numbered 52 to 60.

Persons intending to employ staff in premises covered by the Act are required to give notification on the prescribed form OSR.1 and a total of 111 new registrations were received during the year. 80 registrations were cancelled, mainly as result of occupiers moving to new premises but including many properties demolished in clearance and redevelopment areas. In December, a fine of five pounds was imposed by the Borough Magistrates on the occupiers of a shop for failure to submit form OSR.1 after several requests had been made to them over a period of twelve months to comply with this formality and had been ignored.

When infringements of the Act are found during an initial inspection of premises, an informal notice is served on the occupier or, for certain matters in multi-occupied buildings, on the owner. Ample time is then allowed for the completion of necessary works and the standard of compliance has generally been good. It has become obvious, however, that in certain cases matters can only be resolved by legal action.

In the first case taken in the borough, the defendant company was fined a total of forty pounds for failing to provide suitable ventilation in two rooms of a shop; proceedings instituted in respect of a second retail business were adjourned until a date in 1968.

An analysis of contraventions noted during initial inspections of premises is given in table 60. Only four complaints were received during the year from employees, compared with ten in 1966; two of these related to sanitary accommodation, one to temperature and one to overcrowding.

The Act requires that accidents which disable an employee for more than three days should be notified to the enforcing authority. 33 occurrences were notified in 1967, none of them fatal, and most of which involved falls or the handling of goods. Statistical returns were made to the Ministry of Labour each quarter and composite details for the year are given in tables 52 and 53. A survey of accidents to window-cleaners, requested by the Ministry and conducted over a period of six months, ended on the 31st March 1967; no cases were recorded in the borough in this period.

Copies of 183 plans of offices and shops, which had been submitted to the Borough Surveyor under planning or building control legislation, were examined. In 77 cases applicants were recommended to incorporate amendments in order to avoid the need for subsequent action to comply with the Offices, Shops and Railway Premises Act.

Enforcement of the Act in certain premises is by H.M. Factory Inspectorate, and matters relating to fire precautions are dealt with by Preston County Borough Fire Brigade; a high level of co-operation between the officers of those organisations and the public health inspectorate has again existed throughout the year.

Table 52.
Registrations and General Inspections.

Class of Premises	No. of premises newly registered during the year	Total number of registered premises at end of year	No. of registered premises receiving one or more general inspections during the year
Offices	43	525	250
Retail shops	57	720	282
Wholesale shops, warehouses	8	92	72
Catering establishments open to the public, canteens ..	3	131	55
Fuel Storage depots ..	—	—	—
Totals	111	1,468	659

Table 53

Number of Visits of all kinds by Inspectors to Registered Premises

1,046.

Table 54
Analysis by Workplace of Persons employed in Registered Premises at end of year.

Class of workplace	No. of persons employed
Offices	7,426
Retail shops	4,344
Wholesale departments, warehouses	1,456
Catering establishments open to the public	1,152
Canteens	88
Fuel storage depots	—
Total	14,466
Total Males	6,147
Total Females	8,319

Table 55.
Exemptions.
Nil.

Table 56. Prosecutions, etc.						
Prosecutions instituted of which the hearing was completed in the year						
Section of Act or title of Regulations or Order	No. of informations laid			No. of informations leading to a conviction		
7	2			2		
49	1			1		
Number of persons or companies prosecuted 1						
Number of complaints made under Section 22 Nil						
Number of interim orders granted Nil						

Table 57. Inspectors.						
Number of inspectors appointed under Sec. 52(1) of the Act						1
Number of other staff employed for most of their time on work in connection with the Act						Nil

All public health inspectors are appointed as inspectors under the Act but only one carries out full-time duties in this connection.

Table 58.
Reported Accidents.

Workplace	Number Reported		Total No. Investigated	Action Taken			No Action
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	
Offices	—	10	10	—	—	5	5
Retail shops	—	14	13	—	1	7	6
Wholesale shops, warehouses	—	3	2	—	—	2	1
Catering establishments open to the public, canteens ..	—	6	3	—	1	1	4
Fuel storage depots ..	—	—	—	—	—	—	—
Totals ..	—	33	28	—	2	15	16

Table 59.
Analysis of Reported Accidents.

Cause	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to the public, canteens	Fuel Storage Depots
Machinery	—	2	—	—	—
Transport	—	—	—	—	—
Falls of persons	4	6	—	3	—
Stepping on or striking against object or person .	2	—	—	—	—
Handling goods	2	2	3	3	—
Struck by falling object ..	—	1	—	—	—
Fires and explosions ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools	—	3	—	—	—
Not otherwise specified ..	2	—	—	—	—

Table 60.
Analysis of Contraventions.

Lack of cleanliness	61
Overcrowding	2
Suitable temperature not maintained	19
Inadequate ventilation	54
Inadequate lighting	31
Unsuitable or insufficient sanitary conveniences	107
Unsuitable or insufficient washing facilities	65
Suitable supply of drinking water not provided	11
Clothing accommodation not provided	12
Absence of seats for shop employees	9
Unsuitable seats for sedentary workers	6
Unsuitable meals facilities in shops	8
Floors, passages and stairs not properly maintained	123
Dangerous parts of machinery not guarded	12
First aid facilities not provided	78
Abstract of the Act not displayed or explanatory booklet not issued	81
Room thermometer not displayed	78

757

Atmospheric Pollution

(a) Smoke Control Areas.

Three new orders Nos. 18-20 were made by the Council in the early part of the year and these unopposed orders, together with Order No. 17 became operative on 1st November, also Order No. 16 became operative on the 1st June.

Details of the new areas are given in the appendices.

As a consequence of the application of these orders approximately 36% of the town acreage and 42% of the town's dwellings come within the field of smoke control.

As will be seen from the accompanying map a continuous area of smokelessness involving the town centre and the west end has been created. The north and east ends of the town remain to be dealt with.

In June an area including the heavily built up Maudland district, containing some 1,440 houses and covering 78 acres was submitted to the Health Committee for consideration as the next area of smokelessness. The committee decided to defer consideration for twelve months.

Another area adjacent to the Urban District of Fulwood containing some 1,257 houses and covering 116 acres was submitted to the Health Committee in November for consideration as a new area of smokelessness and the Health Committee resolved to recommend to the Council that a Smoke Control Order be made. At the subsequent meeting of the Council the recommendation was withdrawn.

It was necessary to bring proceedings against two householders for contraventions of smoke control provisions during the year; each was fined £2. In addition 44 warning letters were sent to occupiers.

Bituminous coal cannot be burned in the ordinary domestic grate without contravening a Smoke Control Order but the ease with which coal can be obtained in Smoke Control Areas from corner shops selling it in pre-packed form encourages its use, especially by short-stay tenants in furnished accommodation in the Avenham and Fishergate Hill areas.

(b) The Measurement of Atmospheric Pollution.

The concentration of sulphur dioxide and smoke in the atmosphere continued to be measured during the year by the volumetric apparatus, and co-operation with the Warren Spring Laboratory of the Ministry of Technology was maintained.

The results are now showing an encouraging decline in the level of smoke pollution in Preston and the benefits of the vigorous smoke control programme are becoming apparent. The graph opposite shows this decline dramatically.

The volumetric apparatus for so long located in Lancaster Road was resited, first in 2, North Road, and subsequently at Saul Street Clinic, during the year. These moves have been forced by circumstances beyond control, but it is hoped will be to advantage so far as recording atmospheric pollution in the town centre is concerned.

The new eight day volumetric apparatus introduced in the later part of 1966 has functioned throughout the year under review most satisfactorily in spite of these changes and has amply demonstrated its advantages over the older apparatus if only in the saving of staff time.

The readings provided by this instrument are made available for the Ministry of Technology as part of the national survey of atmospheric pollution.

For details of wind directions shown in diagrammatic form on page 107 I am indebted to Dr. A. V. Barocas, Director of the Moor Park Observatory.

(c) **Other Smoke Abatement Work.**

(i) **PRIOR APPROVAL AND INSTALLATION OF FURNACES.**

The "prior approval" provisions of the Preston Corporation Act, 1947 enables the Department to ensure that proposed industrial furnaces will operate smokelessly.

During the year three cases needed prior approval. These consisted of:

Conversion of solid fuel-burning boilers to oil-fired	...	...	1
Installation of oil-fired boilers	...	...	2

Approval was given subject to conditional requirements in each case.

All other boiler and heating installations with ratings of over 55,000 BTU's per hour have to be notified to the Department under the Clean Air Act and 26 such notifications were received as follows:

New oil-fired boilers	...	...	...	...	...	9
New gas-fired boilers	...	...	...	...	...	9
Converted from solid fuel to oil	...	...	...	...	...	2
Oil-fired warm air heaters	...	...	...	...	...	5
Gas-fired air heaters	...	...	...	...	...	1

(ii) **CHIMNEY HEIGHTS.**

Section 10 of the Clean Air Act, which gives certain powers of control over chimney heights, has been used in five cases. In some instances the original plans could not be recommended for approval without modification.

In carrying out the requirements of this section the full co-operation of the Borough Surveyor, who is primarily responsible to his committee for all plans, was received at all times and thanks are due to him for his support in implementing this measure.

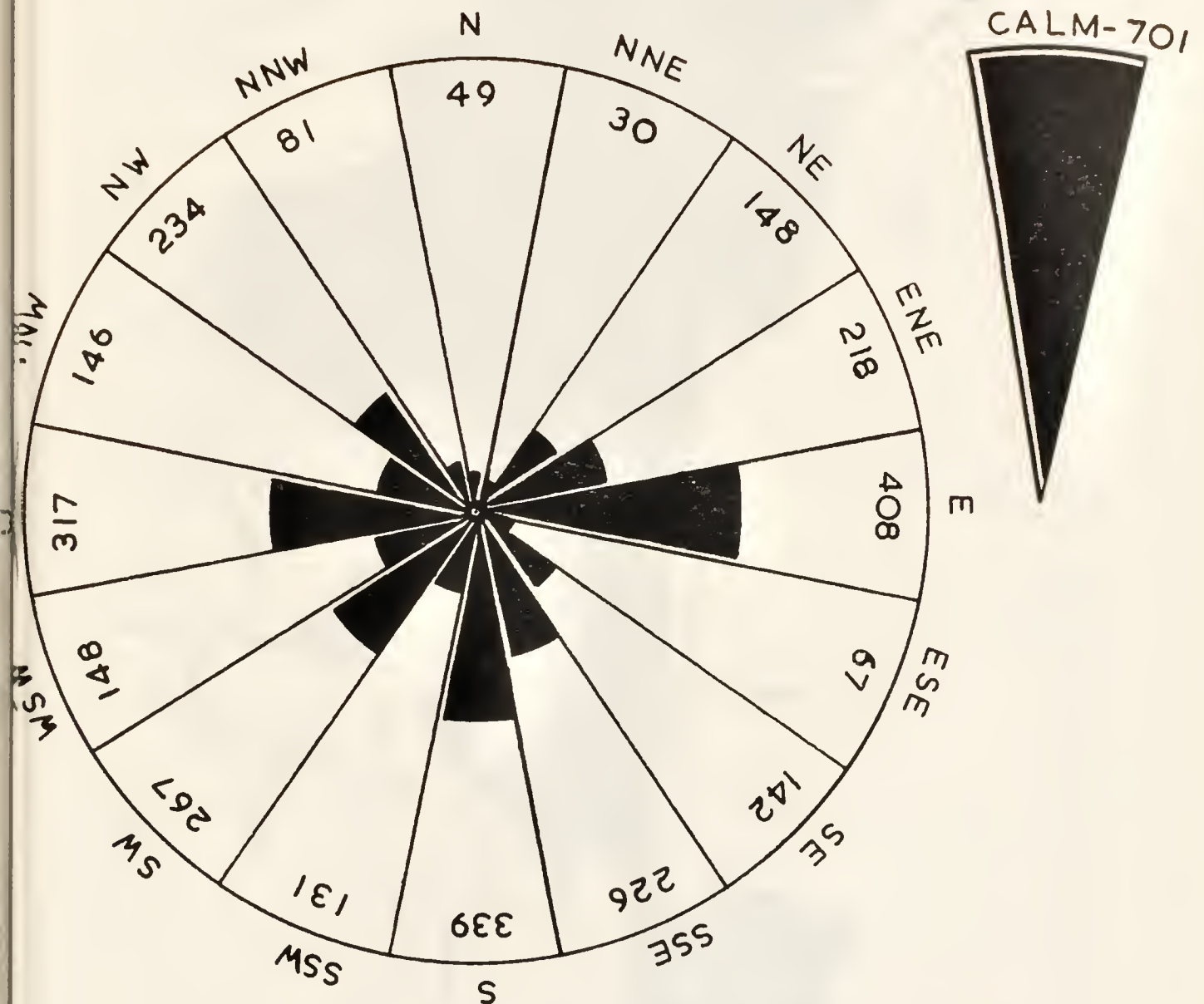
(iii) **OTHER ATMOSPHERIC POLLUTION ACTIVITIES.**

Table 62 at the end of this chapter summarises other work which has been done in connection with controlling atmospheric pollution.

Continuing co-operation was received from industrialists, architects and others in discussions on suitable appliances and instruments at an early stage of planning.

Problems again occurred during the year from the burning of waste material on demolition sites but by the end of the year a noticeable improvement had occurred. Much more care and control was being exercised over the fires to ensure that heavy smoke emissions did not occur.

Wind Direction, 1958-67



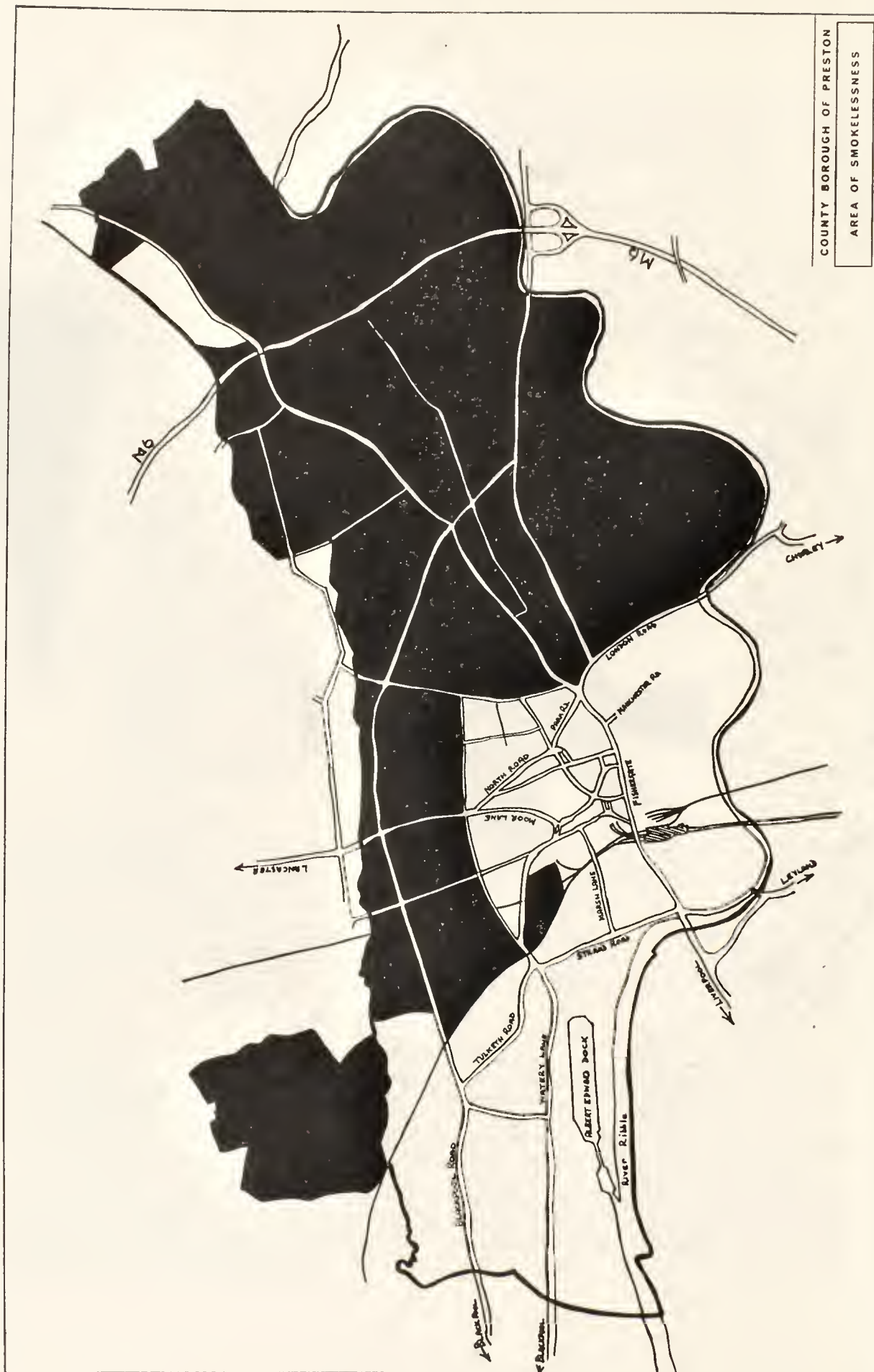


Table 61.**Visits in connection with Smokeless Zones and Smoke Control Areas.**

Survey visits	2,246
Visits re grants	2,762
Visits re Offences	489

Table 62.**Visits in connection with Atmospheric Pollution.****Smoke and Grit Nuisances.**

Complaints of smoke and grit	8
Observations on chimneys (Sec. 1)	53
Meetings with engineers, architects, etc.	116
Visits to atmospheric pollution survey instruments	162
Miscellaneous visits	55
Notices and letters re smoke	74

Housing

Clearance of Unfit Properties.

The postwar clearance of unfit properties started in 1950 and, extensively developed in 1953 and subsequent years, is now reaching the close of the first phase.

Small groups of property scattered throughout the town remain to be dealt with.

Clearance Areas

The Ribbleton Lane etc. Nos. 1, 2 and 3 Compulsory Purchase Orders, 1966 containing 654 unfit houses, the subject of a public inquiry held in 1966, received ministerial confirmation with the following modifications: (a) five houses represented as unfit were transferred to Parts II or III of their respective Orders as fit houses (b) two houses represented as unfit were determined not to be unfit houses and transferred to Part III of the Orders (c) five houses represented as unfit were determined to have lost their identity as houses and were transferred to Part III of the Orders as "other buildings", (d) one house represented by reason of "bad arrangement" was determined not to be badly arranged and was transferred to Part III of the Order (e) eight houses represented as unfit were excluded from the Order at the request of the Council and made the subject of the following Clearance Order which was duly confirmed:

PRESTON (FLETCHER ROAD) CLEARANCE ORDER, 1967

Location: Lying on the north-western side of Fletcher Road opposite its junction with Shuttle Street.

Acreage of land in Order	...	...	...	...	...	0.147 acre
Housing density per acre	...	...	...	...	...	54
Number of unfit houses in Order	...	...	...	...	...	8

In September a formal public inquiry was held in respect of 165 unfit houses contained within the Adelphi No. 5 Compulsory Purchase Order, 1967 which was duly confirmed by the Minister subject to the modification that five houses represented as unfit were transferred to Part II of the Order as fit houses retained in the clearance areas by reason of their "bad arrangement". One unfit house properly included in a clearance area was not contained within this Order having been purchased by the Council.

The St. Austin's Road Compulsory Purchase Order, 1967 containing 3 unfit houses was unopposed and confirmed without modification.

Formal representations were made in respect of 345 houses within two separate groups of property lying in the vicinities of Porter Street and Adelphi Street. The latter group was included in the following order, made during the current year:

Table 63.
Number of houses, persons and families dealt with in Clearance Areas represented
to the end of 1967.

Year of Re- presenta- tion	Number of properties included			Total number of properties									Families and Persons Displaced from houses									
													Rehoused by Council				Otherwise Displaced				Total Families Displaced	Total Persons Displaced
	Unfit Houses			Fit Houses			Other Buildings			Unfit Houses		Fit Houses		Unfit Houses		Fit Houses						
	Unfit houses	Fit houses	Other buildings	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Demol- ished	Empty	Occu- pied	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons	Fami- lies	Persons		
1951	21 (21)	— (—)	— (—)	21	—	—	—	—	—	—	—	—	19	69	—	—	2	5	—	—	21	74
1954	169 (169)	1 (1)	11 (11)	169	—	—	1	—	—	11	—	—	164	575	—	—	12	14	1	2	177	591
1955	268 (262)	13 (13)	18 (13)	262	—	—	13	—	—	13	—	—	221	619	13	29	50	82	3	7	287	737
1956	354 (354)	44 (44)	26 (26)	354	—	—	44	—	—	26	—	—	294	934	33	111	68	169	16	45	411	1259
1957	184 (177)	14 (9)	17 (11)	177	—	—	9	—	—	11	—	—	141	393	7	19	24	44	2	6	174	462
1958	370 (363)	71 (75)	27 (27)	363	—	—	75	—	—	27	—	—	315	953	53	139	61	150	21	49	450	1291
1959	307 (307)	82 (67)	34 (34)	307	—	—	67	—	—	34	—	—	240	707	36	94	67	144	27	79	370	1024
1960	274 (269)	69 (70)	18 (17)	269	—	—	70	—	—	17	—	—	198	534	45	108	74	189	25	55	342	886
1961	486 (474)	239 (241)	33 (35)	469	5	—	240	1	—	33	1	1	374	1104	144	387	85	195	86	203	689	1889
1962	945 (917)	108 (119)	76 (75)	897	18	2	105	8	6	69	1	5	669	1851	54	141	225	464	51	130	999	2586
1963	1683 (1654)	121 (117)	79 (85)	1180	388	86	100	6	11	44	21	20	1089	3170	61	194	461	1127	45	128	1656	4619
1964	860 (847)	92 (92)	17 (17)	220	313	314	4	36	52	—	—	17	450	1336	30	85	83	178	10	27	573	1626
1965	674 (661)	67 (75)	23 (28)	—	26	635	—	1	74	—	—	28	11	23	1	1	2	6	—	—	14	30
1966	169 (168)	17 (17)	4 (4)	—	8	160	—	—	17	—	—	4	1	2	—	—	—	—	—	—	1	2
1967*	345 (27)		1																			
TOTALS	7109 (6670)	938 (940)	384 (383)	4688	758	1197	728	52	160	285	23	75	4186	12270	477	1308	1214	2767	287	731	6164	17076

* One Order made during 1967 was awaiting Ministerial confirmation at the end of the year.

NOTES: Figures shown in brackets are the number of properties in orders as confirmed after various modifications.

From the representations of 1965 (a) five houses represented as unfit were transferred to parts II or III of their respective orders as fit houses: (b) two houses represented as unfit were determined not to be unfit houses and transferred to part III of the orders: (c) five houses represented as unfit were determined to have lost their identity as houses and were transferred to part III of the orders as "other buildings": (d) one house represented by reason of "bad arrangement" was determined not to be badly arranged and was transferred to part III of the order: (e) eight unfit houses were excluded from a compulsory purchase order and made the subject of a clearance order.

From the representations of 1966 (a) one Council-owned unfit house was not included in the subsequent order: (b) five houses represented as unfit were transferred to part II of the order as fit houses retained in the clearance area by reason of "bad arrangement."

PRESTON (ADELPHI No. 6) COMPULSORY PURCHASE ORDER, 1967

Location: To the west of Adelphi Street bounded by Harrington Street to the north, St. Peter's Square to the west and St. Peter's Street to the south.

Acreage of land in Order	...	...	...	...	0.631 acre
Acreage of "pink" property	...	...	...	...	0.342 acre
Acreage of "pink hatched yellow" property	...	...	...	...	0.289 acre
Housing density per acre	...	...	...	...	42.8
Number of unfit or badly arranged houses in Order	...	...	...	...	27

Individual Unfit Houses.

Formal representation was made and accepted by the Council in respect of three individual unfit houses under Section 16 of the 1957 Act. During the year the Council made four closing orders and four demolition orders.

One house as a consequence of a demolition order, six houses the subject of closing orders, one house the subject of an undertaking not to use and six Council owned unfit houses were demolished.

Families Displaced.

The following table gives details of the families displaced during 1967 as a result of slum clearance procedure. 37.1% of the families displaced found their own alternative accommodation.

Table 64.
Families displaced during 1967.

	Rehoused by Local Authority		Otherwise Displaced (Found own accommodation etc.)		Total
	Unfit houses	Fit houses	Unfit houses	Fit houses	All houses
Clearance Orders and Compulsory Purchase Orders	487	30	272	35	824
Individual Unfit houses ...	6	—	1	—	7
Total	493	30	273	35	831

Demolition.

A total of 965 premises comprising (a) 850 unfit houses, (b) 65 fit houses and (c) 50 other buildings were demolished during the year under review as a result of Housing Act action.

Slum Clearance Progress.

It can be seen from tables 63 and 68 that during the last fourteen years 7,335 unfit houses have been formally represented and from these, 15,708 persons making up 5,639 families have been rehoused mainly in new houses possessing modern amenities. A further 938 fit houses have been included in Compulsory Purchase Orders and from these, 2,039 persons making up 764 families have been rehoused.

Thus a total of 17,747 persons contained in 6,403 families have been rehoused as a result of Housing Act action taken since 1954.

At the end of 1967 there were 1,204 families occupying unfit houses and 160 families occupying fit houses contained within confirmed and operative orders. A further 25 families were occupying unfit houses within an order which was awaiting ministerial confirmation. Three hundred and eight families were occupying unfit houses contained within clearance areas awaiting the making of an order.

The number of properties demolished as a consequence of representations and orders made during the period 1954-1967 was (a) 4,882 unfit houses; (b) 728 fit houses; and (c) 285 other buildings, a total of 5,895 properties.

Repair of Unfit Houses.

During the year one formal and two informal notices were served under the Housing Act in respect of houses regarded as capable of being made fit at reasonable expense. Two houses were made fit as a result of such action.

General repair of houses under Public Health Act procedure was also carried out and is referred to in the preceding chapter.

Improvement Grants.

Conditions of grants made under the House Purchase and Housing Act, 1959, and the Housing Act, 1964, include that after execution of the proposed works the dwelling will be in such a condition as not to be unfit for human habitation and is likely to remain in that condition for a period of not less than 15 years.

Applications for grants are made through the Borough Surveyor, but certification as to the fitness or otherwise of the houses concerned is sought from the Medical Officer of Health.

Advice was sought as to the fitness of houses in respect of 12 applications for Discretionary Grants under the 1958 Act and 169 applications for Standard Grants under the 1959 and 1964 Acts. Ten houses were considered to be capable of being made fit at reasonable expense with a life of over 15 years and a further five were considered unlikely to have a life of 15 years. The remainder were considered fit in terms of the grant requests.

Housing Consolidated Regulations, 1925

The following table gives the information required under Article 31 of the above Regulations.

HOUSE IMPROVEMENT GRANTS



BEFORE



AFTER

Table 65.
Housing Acts, 1957—1961.
Action taken in respect of unfit houses under the above Acts.

Number of Inspections	...	...	...	...	...	...	...	1,505
Number of houses which on inspection were considered to be unfit for human habitation	...	...	...	...	...	...	...	350
Number of Representations made to the Council —								
(a) with a view to service of Notices requiring execution of works								1
(b) with a view to making of Demolition Orders, Closing Orders								3
(c) with a view to declaring Clearance Areas (Number of houses)								345
Number of notices served requiring execution of works —								
(a) informal	...	...	...	...	...	...	...	2
(b) formal	...	...	...	...	...	...	...	1
Number of houses rendered fit after service of —								
(a) informal notice	...	...	...	...	...	...	...	—
(b) formal notice	...	...	...	...	...	...	...	2
Number of Demolition Orders made under Section 17 of the Housing Act, 1957	...	...	...	...	...	...	...	4
Number of houses purchased by the Council in lieu of making Demolition Orders	...	...	...	...	...	...	...	—
Number of Demolition Orders determined and Closing Orders substituted								—
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957	...	...	...	...	...	...	...	2
Number of Closing Orders made under Section 18 of the Housing Act, 1957								2
Number of Undertakings accepted by the Council	...	...	...	...	...	...	...	—
Number of houses demolished as a result of Orders made under Sections 17 and 28 of the Housing Act, 1957	...	...	...	...	...	...	...	1
Number of houses demolished as a result of Clearance Orders	...	...	...	...	...	...	...	12
Number of Council-owned unfit houses demolished	...	...	...	...	...	...	...	6
Number of houses demolished as a result of Compulsory Purchase Orders								893
Number of other buildings demolished as a result of Compulsory Purchase Orders	...	...	...	...	...	...	...	50

Houses in Multiple Occupation.

During the year 40 visits were made to such premises.

Informal notices requiring the carrying out of works were served under the Housing Act, 1961 in respect of three houses in multiple occupation.

Overcrowding.

Table 66.
Overcrowding, 1967.

Number of complaints received	...	...	...	...	...	...	8
Number of complaints confirmed and referred to the Housing Committee							—
Number of complaints not confirmed	...	...	...	...	...	...	6
Number of complaints confirmed, but no action taken	...	...	...	...	...	...	1
Number of letters sent to abate overcrowding	...	...	...	...	...	...	—
Number rehoused while complaint was being investigated	...	...	...	...	...	...	1
Number rehoused by the Local Authority following reference							—
Number of complaints withdrawn	...	...	...	...	...	...	—

Rent Act, 1957.

The Inspectors made 4 visits in connection with Certificates of Disrepair.

Table 67.
Rent Act, 1957.
Certificates of Disrepair.

Number of certificates applied for	...	...	...	...	...	3
Number of certificates granted	...	...	...	...	...	3
Number of applications withdrawn	...	...	...	...	...	—
Number of certificates refused	...	...	...	...	...	—
Number of applications for revocation	...	...	...	...	...	—
Number of objections to revocation	...	...	...	...	...	—
Number of certificates revoked	...	...	...	...	...	—
Number of revocation certificates refused	...	...	...	...	...	—
Number of applications by landlord for certificates as to remedying of defects	...	...	...	...	...	—
Number of applications by tenant for certificates as to remedying of defects	...	...	...	...	...	1
Number of certificates as to remedying of defects recommended	...	...	...	...	...	...
(a) Defects remedied	...	...	...	...	...	—
(b) Defects not remedied	...	...	...	...	...	1

Table 68.

**Number of houses, persons and families dealt with in Individual Unfit Houses during
period 1st January, 1954 to 31st December, 1967.**

Type of Order, etc.	Total number of houses	Number of Houses			Families and Persons Displaced					Total Persons Displaced
		Demolished	Empty	Occupied	Rehoused by Council		Otherwise Displaced		Total Families Displaced	
					Families	Persons	Families	Persons		
* Demolition Orders ...	125	120	4	1	98	338	33	74	131	412
* Closing Orders ...	81	39	40	2	50	108	18	41	68	149
Undertakings not to use ...	10	2	8	—	7	23	1	2	8	25
* Undertakings to make fit ...	11	6	2	3	—	—	—	—	—	—
Compulsory purchase in lieu of Demolition Orders ...	3	—	—	3	—	—	—	—	—	—
** Council owned unfit houses ...	60	51	5	4	33	100	19	57	52	157
***Privately owned unfit houses ...	3	3	—	—	—	—	1	2	1	2
TOTAL ...	293	†221	59	13	188	569	72	176	260	745

* Eleven houses were subsequently made fit as a result of formal undertakings; two Closing Orders were determined after execution of works to make houses fit; one Demolition Order was determined and a Closing Order substituted; one Demolition Order was quashed upon appeal to County Court.

** Includes forty-three Council-owned unfit houses properly included in Clearance Areas but excluded from subsequent Compulsory Purchase Orders.

*** Houses properly included in a Clearance Area but excluded from the subsequent Compulsory Purchase Order, the owners having entered into an agreement with the Council to demolish and redevelop.

† Includes six houses made fit but later demolished and four houses the subject of Closing Orders which were subsequently included in Clearance Areas.

Food and Drugs

General

Sampling has generally followed the pattern established over the years some 391 visits being paid by the Sampling Officer for this purpose.

The one aspect of milk sampling which has been of paramount importance has been that of Untreated milk for the detection of brucellosis. Table 70 shows the amount of such sampling and again indicates that brucellosis has now superseded tuberculosis as the major risk from untreated milk supplies.

In the case of samples taken from the two farms within the Borough producing Untreated Milk for retail sale, the procedure suggested in the Ministry of Health circular 17/66 has been adopted.

Foreign bodies in food have become another sign of the times. The number increases year by year and the frequency with which complaints arise reflects rather unfavourably on modern methods and indicates a casualness amounting almost to carelessness in many cases.

There was a further increase in such cases again in the year under review and in two instances proceedings were successfully taken in the Magistrates Court against the offending firms.

In both instances there had been previous complaints of foreign bodies in the firms' products, but the question of how far to go in dealing with cases gives cause for concern. The customer expects action, on the other hand unfavourable publicity can do a firm much harm for a simple lapse by an individual employee or breakdown of an elaborate piece of machinery.

Other Food and Drugs work is amply covered in the following pages with comment and explanation where necessary.

1. Sampling

(a) MILK SAMPLING.

Samples of milk were taken from supplies sold in the borough in the raw state to determine the presence of tubercle bacilli. Table 69 shows all the samples to be satisfactory.

Table 69. Milk samples taken for biological examination.			
Class of milk sample	No. of samples taken	Tubercle bacilli	
		Absent	Present
Untreated (Farm bottled)	16	16	—
Untreated (Farm bottled) (Channel Islands) ..	7	7	—
Untreated (Cartoned)	3	3	—
Untreated (Farm cartoned)	1	1	—
Untreated	10	10	—
Totals	37	37	—

Table 70 shows the samples examined for brucellosis.

Table 70.
Milk samples taken for Brucellosis.

Class of milk sample	No. of samples taken	Ring Test		No. of samples taken	Culture or Inoculation	
		Absent	Present		Absent	Present
Untreated (Farm bottled) ..	24	18	6	18	18	—
Untreated (Farm bottled) (Channel Islands)	9	5	4	9	9	—
Untreated (Cartoned)	31	12	19	19	11	8
Untreated (Farm cartoned) ..	1	1	—	1	1	—
Untreated	90	77	13	18	13	5
Totals	155	113	42	65	52	13

The five positive culture/inoculation results of untreated milks relate to one herd in the borough, milk from which is retailed as Untreated (Farm bottled). On receipt of the first positive culture result, notice was served under Article 20, The Milk and Dairies (General) Regulations, 1959 on the farmer to pasteurise all milk produced by the herd.

Investigation by the farmer revealed one infected animal which was removed from the herd. Subsequent check samples from the herd over a further period of six weeks gave negative results before the order was withdrawn. Herd samples have continued during the year and have produced negative results.

Untreated milk samples from one other herd in the borough producing Untreated (Farm bottled) milk for retail sale taken regularly during the year were all negative.

The eight positive culture/inoculation results of the Untreated (Cartoned) milk relate to a supply from a farmer in an adjoining Rural district operating vending machines and supplying cafes and industrial canteens in the borough. The Medical Officer of Health of the Rural district was informed of these results. As a result of his investigations all the milk from the farm is now pasteurised and the farmer now supplies Pasteurised (Homogenised) milk to all these outlets in the borough.

Table 71 shows the number of raw milk samples taken for bacteriological examination. All the unsatisfactory results were from known farm supplies and in each instance the producer or producer/retailer and the Ministry of Agriculture, Fisheries and Food, Milk Division were notified for investigation at source.

Table 71.
Milk samples taken for bacteriological examination.

Class of milk sample	No. of samples taken	Methylene Blue Test	
		Passed	Failed
Untreated (Farm bottled)	25	20	5
Untreated (Farm bottled) (Channel Islands) ..	8	7	1
Untreated (Cartoned)	16	15	1
Untreated (Farm cartoned)	1	1	—
Untreated	6	5	1
Totals	56	48	8

In addition 63 samples including the above 56 were found to be free from antibiotics.

A total of one hundred and ninety-three samples of milk were submitted to the Public Analyst for chemical analysis. These are summarised in Table 72.

Table 72.
Milk samples taken for chemical analysis.

Class of milk sample	No. of Samples taken	Informal		Formal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Untreated (Farm bottled) ..	6	6	—	—	—
Untreated (Farm Bottled) (Channel Islands)	3	3	—	—	—
Untreated (Cartoned)	3	1	—	2	—
Untreated	103	61	19	16	7
Pasteurised	33	29	1	3	—
Pasteurised (Homogenised) ..	21	20	—	1	—
Pasteurised (Channel Islands) .	11	11	—	—	—
Sterilised	13	11	—	2	—
Totals	193	142	20	24	7

Five of the unsatisfactory formal samples contained small traces of extraneous water and warning letters were sent to the three farmers concerned.

Two unsatisfactory formal samples taken from milk consigned by two producers in churns to dairies were deficient 10% fat, but in each case the average fat content of the total consignments were in excess of 3.0%. Two farmers concerned were notified of these results.

One unsatisfactory informal sample of Pasteurised milk contained 0.6% extraneous water. A warning letter was sent to the dairyman concerned.

Fifteen unsatisfactory informal samples of Untreated milk contained traces of extraneous water ranging from 0.5% to 6.0% and the three farmers concerned were warned.

Two unsatisfactory informal samples of Untreated milk had small fat deficiencies and two farmers concerned were warned.

Two unsatisfactory informal samples of Untreated milk contained traces of sodium chlorate equivalent to 15 p.p.m. and 20 p.p.m. chlorine respectively. The farmer was warned and the Ministry of Agriculture, Fisheries and Food, Milk Division asked to investigate at the farm.

In all instances follow-up samples were satisfactory.

Table 73.
Milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.

Class of sample	No. of samples taken	Phosphatase		Meth. Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	238	238	—	236	2	—	—
Pasteurised (Homogenised) ..	107	106	1	104	3	—	—
Pasteurised (Channel Island) ..	90	90	—	89	1	—	—
Sterilised	—	—	—	—	—	139	—
Totals ..	435	434	1	429	6	139	—

Seventy-six of the above samples were from school milk supplies processed in the borough.

The one phosphatase and three methylene blue test failures of Pasteurised (Homogenised) milks were from one dairy situated in the County Council area supplying cartoned milk for use in vending machines. The distributor and dairyman were notified of these results and the County Sanitary Officer was asked to investigate. Follow-up samples were satisfactory.

The two Pasteurised and one Pasteurised (Channel Islands) milk methylene blue test failures were from a dairy in the borough. Follow-up samples were satisfactory.

(b) DAIRIES AND MILK DISTRIBUTORS

At the end of the year there were fourteen premises registered as dairies. The owners of two of these dairies and one dairy farmer hold licences to pasteurise milk under the Milk (Special Designation) Regulations, 1963/65. Six distributors are also registered to operate from registered dairies in the borough.

Two hundred and fifty-nine distributors are registered for the sale of bottled milk at shops. There are also approximately twelve distributors operating from

premises outside the borough and approximately six dairy farmers are known to be retailing milk in the borough.

The two pasteurising plants are of the "High temperature short time" type. One small "Holder" type plant, not in use during the year is situated on a dairy farm.

(c) MISCELLANEOUS SAMPLES

Three hundred and seven samples were submitted for bacteriological examination and one hundred and seventy-three for chemical analysis. These are summarised in the four subsequent tables.

Table 74. Miscellaneous samples taken for bacteriological examination							
Class of Sample					Number of Samples taken	Satisfactory	Unsatisfactory
Town's water	..	..	..	..	16	15	1
Well water	..	..	..	..	3	3	—
Milk bottle rinses	..	..	..	..	140	127	13
Churn rinses	..	..	..	..	39	35	4
Mussels	..	..	..	..	6	2	4
Double cream	..	..	..	..	16	12	4
Fresh cream	..	..	..	..	6	3	3
Tinned pork luncheon meat	..	..	..	..	2	1	1
Washing water at abattoir	..	..	..	..	3	3	—
Swabs from brooks	..	..	..	..	3	1	2
Water from brooks	..	..	..	..	4	3	1
Water from bottle washer	..	..	..	..	23	15	8
Swabs from drains	..	..	..	..	5	5	—
Totals	..	..	..	..	266	225	41

(d) ICE CREAM

At the end of the year there were nine registered manufacturers of ice cream in the borough.

Unsatisfactory samples were investigated and follow-up samples were satisfactory.

Table 75. Ice Cream and Ice Cream Mix samples taken for bacteriological examination							
Class of Sample					Number of Samples taken	Methylene Blue	
						Satisfactory	Unsatisfactory
Dairy Ice Cream	..	..	..	..	5	5	—
Ice Cream	..	..	..	..	29	21	8
Ice Cream Mix	..	..	..	..	7	7	—
Totals	..	..	..	..	41	33	8

Table 76
Ice Cream samples taken for chemical analysis

Class of Sample	No. of samples taken	Satisfactory	Unsatisfactory
Ice Cream	6	6	—
Totals	6	6	—

(c) CHEMICAL ANALYSIS.

Table 77.
Miscellaneous samples taken for chemical analysis.

Class of Sample	No. of samples taken	Satisfactory	Unsatisfactory
Miscellaneous	31	31	—
Fresh fruit	9	9	—
Fats including butter and margarine ..	15	14	1
Tinned vegetables	4	4	—
Pickles, condiments and spices	20	20	—
Tinned meat	8	7	1
Tinned fruit	6	6	—
Potted shrimps and cockles	3	3	—
Kipper fillets	1	—	1
40% whipping cream	3	2	1
Jams and preserves	4	3	1
Double cream	7	6	1
Fruit drinks	10	9	1
Coffee and other beverages	4	4	—
Cream carton	1	—	1
Fresh cream	3	3	—
Tinned dairy cream	1	1	—
Sweets	5	5	—
Beef sausage	2	—	2
Pork sausage	2	1	1
Fruit and cream cakes	3	3	—
Dried fruit	3	3	—
Flour	5	5	—
Minced meat and steakettes	4	4	—
Steak and kidney pudding	1	—	1
Part of a vanilla slice	1	—	1
Opened tin of processed peas	1	—	1
Pineapple tarts	1	—	1
Portions of meat pies	1	—	1
Cream cheese with onions	1	—	1
Part loaf and insect	1	—	1
Cornflakes and foreign matter	1	—	1
Bacon	4	4	—
Town's water	1	1	—
Totals	167	148	19

(f) DETAILS OF UNSATISFACTORY SAMPLES

Margarine contained vitamin A (only in the form of carotene) equivalent to 72 international units per ounce. This result indicated that the vitamin A had probably not been introduced at the time of manufacture. The producers were informed and remaining stocks at the retailers withdrawn from sale.

Tinned beef in gravy, imported from the Republic of Ireland contained 70% meat. The Canned Meat Products Regulations, 1967 operative in June 1969, recommend a minimum meat content of 75% for this particular product. The importers were informed.

Pre-packed kipper fillets contained 7 gms. of butter without declaration. The packers agreed to amend their label to "Kipper fillets with butter".

40% whipping cream contained 38.2% butter fat. The retailer and producer were warned.

Lemon cheese was labelled "contained eggs and butter". Where a voluntary declaration of ingredients is made it should be an accurate one conforming to Labelling of Food Order criteria. The packers agreed to amend their labels accordingly.

Double cream contained 46% butter fat. A warning letter was sent to the packers.

Pre-packed pineapple juice powder (fruit flavour), imported from Japan, contained 1.8% cyclamates. An ingredient not permitted by regulation before December 1967. Importers were warned and small stocks at retailers were withdrawn from sale.

Two samples of beef sausage and one pork sausage contained a permitted preservative, sulphur dioxide, without the appropriate declaration being displayed by the retailers. The retailers were interviewed and warned.

Cream cheese with onion contained only 29.5% fat and 6% onion. The product, in fact, contained full fat soft cheese and the retailers were warned to use the correct description on show tickets.

FOREIGN BODIES ETC. IN FOOD

As a result of complaints received the Public Analyst reported on the following samples.

A cream carton was found to contain several small pieces of cooked lean meat and a very small quantity of cooked wheat cereal associated with the meat. After investigation the point of access of the foreign matter to the opened carton remained in doubt.

A steak and kidney pudding was found to contain part of a cigarette.

Part of a vanilla slice contained a small fly in the custard filling. The fly had not been baked with the pastry but had probably entered during filling and before the top layer of pastry was put on.

An opened tin of processed peas contained a small pat of heavy lubricating oil adhering to the underside of the tin lid.

Pineapple tarts contained sporing areas of mould of the penicillin type.

Portions of a meat pie contained a piece of cotton cloth which originally had formed part of a label from a rusk bag.

Part of a loaf had an insect attached to the crust. This was identified as a moth of *Ephestia* species.

Foreign matter alleged to have been found in cornflakes was identified as dried bird dropping which had not been heated and did not appear to have been present when the flakes were heat processed.

The manufacturers of a pie containing a label were prosecuted under Section 2, Food and Drugs Act, 1955 and fined £5.

In all other instances after thorough investigation manufacturers or packers were warned.

In addition to the eight instances recorded in the previous paragraphs, sixteen other cases were also investigated by the department.

They include the following:-

A small piece of hessian in polony sausage, bent box nail in tinned corned beef (African produce), safety pin in part-eaten sausage, wasp in a loaf of bread, mild steel bolt in a tin of salmon (foreign produce), gnat embedded in crust of a loaf of bread, chewing-gum in pre-wrapped butter, degenerated cyst in lamb's liver, string in a loaf of bread, mould on a fruit malt loaf, caterpillar in the cocoa bean moth on chocolate mint creams, mild steel nut in mint humbugs and earwig in a hot-pot.

In the case of the earwig in hotpot the manufacturers were prosecuted under Section 2, Food and Drugs Act, 1955 and fined £30.

In all other instances suitable warnings were issued after thorough investigation.

"Grubs" alleged to be in tinned baked beans were identified as small pieces of pork fat, "a large beetle" in tinned broad beans was identified as a piece torn from the bean stalk/casing and in the case of an earwig on a cream cake it was found unlikely to have got on the cake in the shop.

2. The Liquid Egg (Pasteurisation) Regulations, 1963

There are no registered premises within the borough.

3. Food Hygiene

The enforcement of the Food Hygiene (General) Regulations, 1960 has continued and 1,007 visits were paid to premises mainly or partly in connection with the application of these requirements.

Table 80 summarises the structural matters which were corrected at the request of the department.

On the 1st January, 1967 the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 came into operation. The enforcement of these new regulations has been pursued actively and much progress has been made in respect of mobile shops, delivery vehicles etc. but with the coming into being of the regulations all existing food stalls on the retail market are obsolete and in contravention of the law. In consequence staff have been placed in the invidious position of trying to apply these new regulations to privately owned food businesses, whilst unable to do so in respect of others because of an inability to provide the means whereby the re-

quirements of the law can be met. This situation appears unlikely to change until such time as a modern food market equipped with the facilities now required is available.

There is still resistance amongst many small shopkeepers to provide the minimum facilities required by the Food Hygiene Regulations. This is particularly so in the case of wash-hand basins. It was necessary in two instances to enforce this requirement through the Courts.

Another disturbing feature are the cases of architects and others submitting plans for new premises who continue to disregard the law in this respect. Thanks to the co-operation of the Borough Surveyor's Department all such plans are examined at the approval stage enabling the department to contact the developer in such cases.

Table 78.
Food Premises subject to the Food Hygiene (General) Regulations, 1960.

Category	No. of Premises
Restaurants, cafes and snack bars	105
Residential Hotels	20
Public Houses	181
Fried fish shops	119
Canteens	52
Clubs and institutions	61
Food manufacturers	27
Ice-cream manufacturers	9
Wholesale food warehouses	28
Butchers' shops and other retail food shops	533
Miscellaneous catering or food businesses	62
Total	1,197

Table 79.
Hygiene in Food Premises.

Premises	Number of visits
Food Hygiene	630
Food inspection	103
Dairies and milk retailers	216
Licensed premises	17
Food markets	41
	1,007

Table 80.
Repairs and improvements effected in food preparing premises.

Repair or Improvement	Number
Floors repaired or renewed	16
Food preparing premises cleansed	24
Food storage provided or repaired	16
Hand washing facilities in food premises provided	25
Lighting improved	2
Passages or yard surfaces flagged, etc.	1
Plasterwork repaired or renewed	9
Sinks repaired, provided or renewed	8
Walls repaired or renewed	15
Water service pipes repaired or renewed	2
W.C. accommodation provided, improved, repaired or renewed	9
Woodwork (general) repaired or renewed	12
Ventilation improved	7
Clothes storage accommodation provided	3
Waste bins provided	1
First-aid facilities	6
General nuisances abated	3
Staircases repaired or renewed	2
Premises disinfested or cleansed	6
Other work done	8

4. Enforcement.

The following are details of prosecutions undertaken for other food offences during the year.

Two grocers were successfully prosecuted for failing to provide suitable wash-hand basins on their food premises contrary to Regulation 16, Food Hygiene (General) Regulations, 1960. Fines of £5 and £2 respectively were imposed.

One food hawker was successfully prosecuted for failing to comply with Regulations 13, 16(1), 16(2), 18(a), 18(b), and 22 of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966. He was fined £4 on each of the six counts.

5. Poultry Inspection.

There is one business in the Borough engaged in the preparation of poultry for table use. The firm concerned specialises in birds for the local immigrant population, and the staff of the establishment consists of members of these communities.

The birds dealt with at the premises are entirely poultry which have reached the end of their egg productive capacity. Something like 78,000 birds are dealt with annually and approximately 9,000 lbs. were disposed of as unfit representing 3% of the birds.

The conduct of the establishment was good so that calls on the Public Health Inspector's services were minimal and twelve visits were paid during the year mainly at the request of the proprietor.

MEAT.

Visits associated with the control and inspection of meat and meat handling were made as under:

Table 81.						
Visits made by Veterinary Officer and Meat Inspectors.						
					Veterinary Officer	Meat Inspectors
Visits to public slaughterhouses	..	..	..	..	459	386
Visits to private slaughterhouses	..	..	..	..	207	297

Slaughter of Animals Act, 1958.

The number of licensed slaughtermen at the year end was 21. No action has been necessary for any contravention under this Act.

Public Abattoir.

Table 82.					
Number of animals killed and inspected.					
Year		Cattle	Sheep	Pigs	Calves
1967		6,589	36,082	10,540	24
1966		5,630	32,523	8,886	15
1965		5,676	27,888	9,617	66
1964		7,168	32,194	8,709	53

Table 83.					
Casualties (included in Table).					
Year		Cattle	Sheep	Pigs	Calves
1967		18	13	57	3
1966		12	5	61	5
1965		25	65	73	8
1964		26	96	100	18

Private Slaughterhouse

Table 84.
Number of animals killed and inspected

Year				Cattle	Sheep	Pigs	Calves
1967	...	...	...	5,389	16,914	8,051	—
1966	...	...	...	6,406	20,177	10,058	5
1965	...	...	...	5,065	16,414	10,592	—
1964	...	...	...	6,630	16,004	5,776	3

There is little change in the disease position during the year, although the figures show a very slight increase in the percentage affected. However, numbers of whole carcasses condemned on account of disease decreased. Owing to practically all the tuberculin test reactors in Lancashire being slaughtered in Preston, the figures in the table appended do not reflect the correct percentage for the country.

Both slaughterhouses have operated very closely similar to the year before, although towards the year end difficulties occurred due to foot and mouth disease restrictions. Although these difficulties altered the normal working arrangements both slaughterhouses remained in operation.

Meat Marking.

This has been carried out as required under the Meat Inspection Regulations, 1963. The co-operation of the meat traders has been most satisfactory and has allowed meat inspection to be carried out without any difficulty.

Meat coming into the Borough from other areas.

All meat is now inspected before it leaves the slaughterhouses and no further action has been necessary.

Public Health (Meat) Regulations.

Continuous supervision of meat handling and premises enables a reasonably satisfactory standard of hygiene to be maintained.

DISEASES OF ANIMALS ACTS AND ORDERS**Anthrax Order, 1938.**

There has been no case of anthrax in the Borough during the year. Several sudden deaths occurred which were investigated but all proved negative.

Foot and Mouth Disease Order, 1938.

Towards the end of October foot and mouth disease occurred in the county and quickly spread into a large epidemic. Restrictions imposed meant the closure of the Cattle Market, except for sales of livestock for immediate slaughter. Movement of stock was only permitted by licence. Approximately 20 outbreaks occurred in Lancashire and in December one outbreak near Preston caused the entire closure

Table 85.
Carcases and Offal inspected and condemned in whole or in part.

	Total Cattle	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	11,978	8,000*	3,978*	24	52,996	18,591	—
Number inspected	11,978	8,000*	3,978*	24	52,996	18,591	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI							
Whole carcases condemned	—	12	27	6	100	143	—
Carcases of which some part or organ was condemned	—	3,579	2,611	—	11,088	4,065	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	—	44.9%	66.6%	25.0%	21.1%	22.6%	—
TUBERCULOSIS ONLY							
Whole carcases condemned	—	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	5	13	—	—	142	—
Percentage of the number inspected affected with tuberculosis	—	.063%	.3%	—	—	1.3%	—
CYSTICERCOSIS							
Carcases of which some part or organ was condemned	—	52	19	—	16	—	—
Carcases submitted to treatment by refrigera- tion	—	8	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—	—

*Estimated Figures

of the Cattle Market for a short while. In spite of severe restrictions and the ensuing difficulties no serious offences against the regulations were detected, the serious nature of the epidemic ensuring the full co-operation of the farming public.

Diseases of Animals (Waste Foods) Order, 1957.

There is nothing to report under this Order.

Sheep Scab Order, 1938.

As this disease was eradicated some time ago there is nothing to report under this Order.

Swine Fever Order, 1938.

Since there has been no outbreak of this disease in the county for over twelve months there is nothing to report regarding Preston. It is hoped that the disease is on the point of eradication.

Movement of Swine Orders, 1954-1959.

From the end of October, due to foot and mouth disease restrictions no store sales of pigs were held. Up to that time 38,077 pigs had passed through the market and been licensed out. 3,309 licences were issued during the year.

Tuberculosis Order, 1938.

This disease in cattle is officially eradicated. However, occasional reactors to the tuberculin test occur and these are slaughtered. Many of these have not developed visible lesions of the disease, and the numbers of these reactors continues to decrease. 71 reactors and 11 dangerous contacts were slaughtered at the Public Abattoir.

Market Sales and Lairs Order, 1925.

There is nothing to report under this Order.

Transit of Animals Orders, 1927-47.

No prosecutions have been taken under this Order but minor infringements of the Order occur from time to time. Most of these incidents occur in the Auction Market where, instead of exposure for sale and further travel, direct transport to the nearest Abattoir would be more appropriate. Offenders have been cautioned in most of these cases. One cow, 2 pigs and 4 sheep were removed from the Market and slaughtered at the Abattoir.

Number of vehicles cleansed and disinfected	2,272
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Importation of Dogs and Cats Order, 1938.

There is nothing to report under this Order.

Transit of Horses Order, 1951.

There is nothing to report under this Order.

Animals (Landing from Ireland, Channel Islands and Isle of Man) Order, 1933.

531 Irish cattle arrived in the country licensed from the port to abattoirs for immediate slaughter, plus 112 cattle which went to farms and were later relicensed to abattoirs. Also 1,553 cattle were sold in the auction to farmers for rearing and feeding.

Fowl Pests Orders, 1936-1954.

No outbreaks of this disease occurred in the Borough and there is nothing to report under this Order.

Poultry (Exposure for Sale) Order, 1937.

No poultry sales were held in the Borough during the year, therefore there is nothing to report under this Order.

Protection of Animals Acts, 1911-1912.

Two prosecutions were taken during the year under the above Acts. One person was fined £5 and £13 costs for killing two puppies in an improper manner. One person was fined £50 and £70 costs for unreasonably subjecting a dog to undue violence.

Many minor infringements have occurred and in these instances the persons responsible have received written or verbal cautions.

Table 86.
Details of markets held.

	Markets held	Number of Visits
Store Cattle and Sheep	41	41
Dairy Cattle	43	43
Fatstock Sales	58	58
Store Pigs	43	43
Special Sales	—	—

Table 87.
Animals passing through market.

	1967	1966	1965	1964
Store and Dairy Cattle	7,664	8,342	8,987	6,745
Fat Cattle	21,847	24,727	24,938	22,806
Sheep	55,467	60,097	57,085	51,456
Calves	20,539	21,304	19,606	19,439
Fat Pigs	29,974	31,372	34,368	26,294
Store Pigs	38,077	37,844	31,865	32,380

Port Health Administration.

Port Health District.

The Port Health District of Preston embraces the whole estuary of the River Ribble, from Blackpool to Formby Point, and up the River Ribble and its tributaries to the furthest point to which the tide flows.

The dock, which is 3,200 feet long by 600 feet wide, covers 40 acres and is approached by the entrance basin 850 feet long by 300 feet wide, an area of $4\frac{3}{4}$ acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 ft. 6 in. at high water ordinary spring tide. The dock is situated within the county borough and is about $16\frac{1}{2}$ miles along the river Ribble from the sea.

The quays are over $1\frac{1}{2}$ miles long. There are 170 acres of storage ground and 590,000 square feet of covered floor space.

Section 1—Staff.

Table 88.
Staff

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
J. S. G. Burnett ..	Port Medical Officer	1.2.49	M.D., D.P.H.	Medical Officer of Health
L. P. Grime ..	Deputy Port Medical Officer	1.9.66	L.R.C.P.I., L.R.C.S.I., L.M.R.C.P. & S.I., D.P.H.	Deputy Medical Officer of Health
F. Yates	Port Health Inspector	1.9.64	Cert R.S.I. and S.I.E.J.B., Cert Meat and Food	
G. Wood	Deputy Port Health Inspector	19.5.65	Cert. P.H.I.E.B.	District Public Health Inspector

ADDRESS AND TELEPHONE NUMBER OF THE MEDICAL OFFICER OF HEALTH:

Health Department, Municipal Building, Preston.

Telephone No.—Preston 54881.

PRIVATE ADDRESS: Brook House, 252 Garstang Road, Fulwood, Preston.

Telephone No.—Preston 77784.

Three Assistant Medical Officers were available also to undertake Port Health duties. During the year the medical officers boarded 16 ships from foreign ports and the public health inspectors boarded and inspected 623 ships.

Co-operation from H.M. Immigration Officers, The Trinity House Pilots, H.M. Customs Officers, the officials and staff of the Preston Port Authority, the shipping agents and others who have been contacted about various matters, has assisted in the smooth working of the Port Health Authority's functions.

Section II—Amount of shipping entering the district during the year.

Table 89 Ships entering the district during the year					
Ships from	Number	Tonnage	Number inspected		Number of ships reported as having or having had during the voyage infectious disease on board
			By the Medical Officers	By the Public Health Inspectors	
Foreign ports ..	465	324,313	16	426	—
Coastwise	3,089	1,432,621	—	197	—
Total ..	3,554	1,756,934	16	623	—

Section III—Character of Shipping and Trade during the year.

Table 90.

Character of Shipping and Trade during the year.

Passenger Traffic	Number of passengers INWARDS...				...	...	6,032
	Number of passengers OUTWARDS				...	...	6,235
Passengers to and from :—					Foreign ports		Irish Ferry service
Passengers in:—							
Alien				...	...	...	} 5,800
British				...	...	...
Passengers out:—							
Alien				...	...	...	} 6,024
British				...	...	...

The above figures do not include "supernumerary" crew (i.e. crew members' wives, etc.) who are nevertheless subject to the Aliens Orders, 1957 and included in the figures shown in Section XV(d).

Cargo Traffic.**Principal Imports.**

Animal feeding stuffs, arsenic, asphalt rock, bacon, butter, bananas, bitumen, canned foods, china clay, copper, citrus fruits, cloth foods, coconuts, confectionery, eggs, fertilizers, flour, fish oil, frozen foods, fuel oils, grain, hardboard, hides, lard, maize, meat, meat products, milk, milk products, petroleum, potatoes, poultry, potash, resin, scrap iron, shell grit, stone, sulphur, synthetic fibre, timber, wood pulp, vehicles and containers.

Principal Exports.

Barbed wire, canned goods, cloth goods, coal, coke, cotton goods, fruit, fuel oils, iron and steel, machinery, meat and offal, pitch, soap, scrap iron, tar, vehicles and containers, wines and spirits.

Total imports	1965	1,363,516 tons.
Total exports	1965	822,554 tons.
Total imports	1966	1,422,445 tons.
Total exports	1966	883,881 tons.
Total imports	1967	1,422,773 tons.
Total exports	1967	925,358 tons.

Principal ports from which ships arrive—Foreign

North America:	Carleton, N.S., Bridgeport, Harbour Grace, Jacksonville, Newcastle, N.S., Port St. Joe, Parrsboro, Philadelphia, Weymouth, N.S.
Antilles:	Barbados, Bridgetown, Grenada, Kingstown, Port Castries, Port of Spain, Portsmouth, Rosseau, St. Lucia, St. Vincent.
Belgium:	Antwerp, Ghent.
Denmark:	Copenhagen, Esbjerg, Frederiksun, Hirtshals, Koge, Skagen.
Finland:	Hamina, Jacobstad, Kasko, Kemi, Kotka, Mantyluoto, Oulo, Rauma, Turka, Toplia, Yxpilia.
France:	Bayonne, Bordeaux, Brest, Donges, Libourne, Rouen, Tonnay, Topila, Sete.
Germany:	Bremen, Emden, Hamburg, Kiel, Wismar.
Holland:	Amsterdam, Delfzyl, Groningen, Rotterdam.
Middle East & North Africa	Benghazi, Casablanca, Ceuta, Gibraltar, Kenitra, Naxos Island, Tripoli.
Norway:	Follafo, Frederikstad, Halden, Haugezund, Hommelvik, Kragero, Kristiansund, Larvik, Lauvsnes, Moss, Muruvik, Narvick, Oslo, Porrsgrunn, Steinjker, Sarpsborg, Tofte, Vadheim.
Poland:	Gdansk, Stettin.
Portugal:	Leixos, Setubal.
Spain:	Aviles, Bilbao, Gijon, Pasajes.
Sweden:	Dansjo, Domsjo, Gefle, Gothenberg, Gota, Halmstad, Helsingborg, Hernosand, Husum, Iggesund, Karlstad, Kramfors, Marieberg, Munksund, Norrkoping, Norsundet, Ostrand, Ronnskar, Skelleftea, Skutskar, Sundarme, Sundsvall.
U.S.S.R.:	Archangel, Kalingrad, Leningrad, Murmansk, Onega, Stalingrad.

British Isles.

Arklow, Ayr, Ardrossan, Barrow, Belfast, Bristol, Ballylumford, Colerain, Cork, Coryton, Castleton, Douglas, Drogheda, Dublin, Fowey, Glasgow, Greenore, Heysham, Hull, Irvine, Larne, Liverpool, London, Londonderry, Manchester, Milford Haven, Middlesbrough, Par, Panmaenmawr, Plymouth, Port St. Mary, Portrush, Ramsey, Swansea, Stanlow, Waterford, Workington.

The principal imports from foreign ports continue to be timber and wood pulp chiefly from Scandinavia and the U.S.S.R., and to a lesser degree from North America, North Africa and Spain. Ships from the British West Indies arrived almost weekly carrying bananas, citrus fruits and coconuts.

The container and ferry services from Northern Ireland and Eire again provided the bulk of shipping entering the port. A further firm commenced on this service during the year. The container service to and from the Isle of Man discontinued using this port in the latter part of the year. The use of containers for general cargo is increasing.

There was an increase in the number of ships arriving, both from foreign ports and coastwise. Total imports and exports again constituted a record year's tonnage.

Section IV—Inland Barge Traffic.

There is no inland barge traffic from or to the Port of Preston.

Section V—Water Supply.

1. SOURCE OF SUPPLY FOR—

(a) *The District.*

The district derives its water from the Preston and District Water Board, and this is an upland surface water derived from the gathering grounds in the Forest of Bowland. The water is of good quality, well suited for drinking and domestic purposes.

(b) *Shipping.*

Shipping is supplied with water from the district supply by means of a hose from a shore hydrant.

2. REPORTS OF TESTS FOR CONTAMINATION.

The following table gives details of samples of drinking water taken from ships entering the port and from the dock estate.

Table 91. Water Samples.				
From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Foreign Vessels ..	Bacteriological ..	6	4	2
Coastwise Vessels ..	Bacteriological ..	3	3	—
Port Authority Vessels ..	Bacteriological ..	8	8	—
Dock Estate ..	Bacteriological ..	2	2	—
Totals		19	17	2

The bacteriological failures of two samples taken from ships arriving from foreign ports were notified to the Masters and the owners' shipping agents. In both instances fresh water storage tanks were emptied and cleaned followed by chlorination of the tanks and supply lines.

As can be seen from the above table, two samples were taken from the mains water supply on the dock estate and were reported upon as satisfactory.

3. The supply of water to shipping is under the direct control of the Port Authority who employ a special staff for this purpose. Regular surveillance of fresh water supply hydrants, hoses and equipment is maintained so as to prevent contamination and ensure cleanliness and proper use of such appliances.

Section VI—Public Health (Ships) Regulations, 1966.

1. LIST OF INFECTED AREAS.

The list of infected areas is prepared from the Weekly Epidemiological Record published by the World Health Organisation and is amended as necessary. This list is drawn up in the form of the W.H.O. list. Copies of the list are supplied to the Trinity House Pilotage Office, Preston, and H.M. Waterguard Office, Preston.

2. RADIO MESSAGES.

Preston is not a radio transmitting or receiving port, as defined by the Public Health (Ships) Regulations, 1966, for the purposes of regulations 13 and 14 (1)(a) and (2).

During the hours of the tidal period, the Master of a vessel lying within the limits of the Port of Preston, and equipped with V.H.F. radio, can report any sickness or untoward circumstance requiring the attention of the Port Health Authority through the Port's V.H.F. Radio Navigation Service operated from the Locks. Any such message is passed by telephone to the Port Medical Officer. Any ship not equipped with V.H.F. radio can have the boarding Pilot arrange for a message to be transmitted via the V.H.F. aboard the pilot boat.

3. NOTIFICATION OTHERWISE THAN BY RADIO.

Shipping Agents are usually in radio telephone communication with ships before they enter the harbour limits and any message requiring attention of the Port Medical Officer is passed by them to the Port Health Authority.

Ships requiring a Boarding Medical Officer are required to show the statutory signals as follows:

By Day—Fly the signal L.I.M.

By Night—Red Light over a White Light.

In several instances cases of sickness were notified but in each case these were found to be non-infectious and referred to the shipping agents for action by the Shipping Federation Doctor.

4. MOORING STATIONS.

By agreement with the Port Authority arrangements exist for the breasting off of any ship at the discharging berths allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about 20 feet beam, which are always available between the vessel and the quay whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

5. ARRANGEMENTS FOR—

(a) *Hospital accommodation for infectious diseases.*

All cases of infectious disease other than smallpox are removed to Deepdale Hospital, Blackpool Road, Preston.

(b) *Surveillance and follow-up of Contacts.*

Surveillance is carried out as suggested in Section 18(2) and Section 37 of the Public Health (Ships) Regulations, 1966.

(c) *Cleansing and Disinfection of ships, persons, clothing and other articles.*

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector. Clothing, bedding, etc. are removed in Health Department vehicles to the Disinfecting Station, Deepdale Road, Preston.

Arrangements can also be made for persons to be cleaned and disinfested at the Greenbank Health Centre, Ripon Street, Preston, and bedding, etc. treated in the steam disinfector at the Disinfecting Station, Deepdale Road, Preston.

Section VII—Smallpox.

1. The reception of smallpox cases into hospital is in the hands of the Manchester Regional Hospital Board who advise as to which hospital is available for such purpose. Normally, Ainsworth Hospital, Bury, is retained as the first regional hospital to admit cases of smallpox.

2. Smallpox cases would be removed by ambulance belonging to Preston Corporation. The vaccinal state of the crews of these ambulances is the responsibility of the Medical Officer of Health of the County Borough of Preston.

3. SMALLPOX CONSULTANTS:

Dr. C. Metcalfe Brown, Town Hall, Manchester, 2.
Manchester Central 3377 and Ringway 4273 (Home).

Dr. T. L. Hobday, 43, Ullet Road, Liverpool, 17.
Liverpool Central 2542 and Sefton Park 4333 (Home).

Dr. A. G. Ironside, Monsall Isolation Hospital,
Newton Heath, Manchester, 10.
Collyhurst 2254 and 4271488 (Home).

Prof. A. B. Semple, Health Dept., Hatton Garden, Liverpool, 3.
Liverpool Central 8433 and Gateacre 2081 (Home).

4. Facilities for the laboratory diagnosis of smallpox are available at the Department of Bacteriology, University of Liverpool, under the direction of Professor K. McCarthy.

Section VIII—Venereal Disease.

The Venereal Disease Clinic at the Preston Royal Infirmary is open at the following times:

Tuesday	...	...	5 p.m.—7 p.m.	Women
Wednesday	...	...	5 p.m.—7 p.m.	Men
Thursday	...	...	2 p.m.—4 p.m.	Women
Friday	...	...	5 p.m.—7 p.m.	Men

Male patients from ships likely to sail before the next male clinic can also be seen on Tuesdays or Thursdays.

Sixty-nine seamen attended for treatment at the clinic for the first time during the year.

Table 92. Cases of notifiable and other infectious diseases on ships.				
Category	Disease	Number of cases during the year		Number of Ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival ...	Nil	Nil	Nil	Nil

No case or suspected case of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

Section X—Observations on the occurrence of malaria in ships.

No case of malaria occurred during the year.

Section XI—Measures taken against ships with or suspected for plague.

No ship infected with or suspected of carrying plague arrived during the year. In the event of such an occurrence, action in accordance with the measures outlined in Part I of the Fourth Schedule Public Health (Ships) Regulations, 1966, would be pursued.

Section XII—Measures against rodents in ships from foreign ports.

(1) PROCEDURE FOR INSPECTION OF SHIPS FOR RATS.

All foreign-going vessels are inspected in the following sequence:

- (a) Vessels from infected ports.
- (b) Vessels from non-infected ports.
- (c) Foreign-going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these and other vessels from foreign ports while cargo is being discharged. During the year he carried out a rodent search of 326 ships from foreign ports and 99 coastwise ships. He made 145 revisits to such ships.

(2) ARRANGEMENTS FOR THE BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION OF RODENTS, WITH SPECIAL REFERENCE TO RODENT PLAGUE.

Rodents caught are placed in muslin bags, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston.

(3) ARRANGEMENTS IN THE DISTRICT FOR DERATTING SHIPS.

The deratting of vessels prior to the issue of Deratting Certificates may be effected with hydrogen cyanide or sodium fluoracetate.

(4) PROGRESS IN THE RAT-PROOFING OF SHIPS.

Rat-proofing was found to be satisfactory on the vessels inspected and no repairs or improvements were required. Modern ship building is such as to leave few structural harbourage points for rodents and this is particularly so in the case of the ships with one large hold only that are engaged in container traffic.

Table 93.
Rodents destroyed during the year in ships from foreign ports.

Category									Number
Black rats	...	...	...	...	...	...	...	...	16
Brown rats	...	...	...	...	...	...	...	...	—
Species not known	...	...	...	...	...	...	...	...	—
Rats sent for examination	...	...	...	...	...	...	...	...	2
Rats infected with plague	...	...	...	...	...	...	...	...	—
Mice	...	...	...	...	...	...	...	...	—

Table 94.
Deratting Certificates and Deratting exemption Certificates issued during the year for ships from foreign ports.

No. of Deratting Certificates issued.					Number of Deratting Exemption Certificates issued.	Total Certificates issued
After fumigation with		After trapping	After poisoning	Total		
H.C.N.	Other fumigant					
1	2	3	4	5	6	7
—	—	—	—	—	81	81

It was not found necessary to have any ship deratted. The good standard of rat-proofing, the type of ship entering the port and the ports of call of such ships were factors which led to inspections revealing mainly rodent-free vessels. The black rats referred to in Table E were destroyed aboard ships arriving from the British West Indies. The owners of these vessels, upon advice from this authority, carry out a permanent poison-baiting treatment aboard their ships which was found to be effective.

In addition to his visits to shipping the rodent operator makes regular search of the dock estate. During the year he made 653 inspections of premises and land and discovered 65 infestations. 29 rats and 97 mice were found dead after laying of bait. A more realistic estimate of the 'kill' is to be judged from the fact that of 1,266 poison baits which were laid, 834 were consumed. No heavy or major rodent infestation was found on the dock estate.

Section XIII—Inspection of Ships for Nuisances.

Table 95.
Inspection of Ships for Nuisances.

Nature and Number of Inspections		Defects found	Notices served		Defects remedied
			Statutory notices	Other notices	
Total number of ships visited ..	623				
The following defects and nuisances were found:—					
Vermis		9	—		7
Heat, light and ventilation		2	—		2
Washplaces and fittings dirty and defective		6	—		5
Drainage defective		3	—		3
Sanitary accommodation defective ..		3	—	30	3
Food stores, preparation places and fittings dirty and defective		9	—		8
Accommodation dirty and defective ..		5	—		4
Drinking water system defective ..		4	—		3
Refuse accumulations		5	—		5
Smoke emissions		8	—		7
		54	—	30	47

Of the 623 ships visited, 426 were from foreign ports; the remainder being coastwise or from Ireland. 104 foreign and 51 coastwise ships were revisited.

The majority of ships entering the port are of modern construction with a good standard of crews accommodation. Few structural nuisances were noted. Most of the defects and nuisances found were of dirty, verminous and unhygienic features in crews' quarters, galleys and provision stores. Most of these unsatisfactory conditions and defects were remedied whilst in this port, some at the time of visit. It was not found necessary to take any statutory action.

Section XIV—Public Health (Shell-Fish) Regulations, 1934-1948.

Mussel gathering in the Ribble Estuary was controlled by the Ribble Mussel Fishery Order, 1936 until this order was revoked in April, 1961 at the request of Lancashire County Council. Under this order, the County Council were the grantors of licences to pick mussels. The sale or distribution for human consumption of mussels taken from within the Preston Port Sanitary district, which embraces the Ribble Estuary, is still controlled by the Preston (Shell-Fish) Regulations, 1923. Under these regulations, mussels must be subjected to an approved process of cleansing. The Lytham Mussel Purification Station, operated by Lancashire County Council, was closed in April, 1957 through lack of demand. The last consignment of mussels picked from these beds and sent for cleansing was in 1957.

Inspection of training walls revealed beds of mussels along several lengths but most of the shell fish were small and certainly not worthy of commercial picking for sale. Routine visits, surveillance and enquiries did not reveal any picking of mussels either on a commercial or private basis. The river is still polluted with sewage. Six samples of mussels taken direct from the training walls between the 10th and 13th mile points, were submitted for bacteriological examination. All were found to be heavily contaminated and gave counts of faecal coli. In one case salmonella paratyphoid B was isolated.

The nearest cleansing stations to the estuary are at Conway, Bangor and Portmadoc.

Section XV—Medical Inspection of Aliens and Commonwealth Immigrants.

(a) The following Medical Inspectors held warrants of appointment on 31st December 1967 under both the Aliens Order, 1953 and the Commonwealth Immigrants Act, 1962.

Dr. J. S. G. Burnett.
Dr. L. P. Grime.
Dr. I. M. R. Purdom.
Dr. J. T. Carroll.
Dr. A. Fowden.

(b) Apart from occasional clerical work, no other staff are engaged.

(c) Upon receipt of requests from the Home Office Immigration Officer, Aliens and Commonwealth Immigrants on arrival at the port are medically examined by a Medical Inspector.

(d) *Alien Arrivals*

Total number of arriving ships carrying aliens	...	...	28
Total number of aliens arriving at the port	...	...	77
Total number of aliens medically examined	...	...	—
Certificates issued	...	...	—

Commonwealth Immigrant Arrivals

Commonwealth citizens subject to control	...	...	40
Commonwealth citizens medically examined	...	...	—
Certificates issued	...	...	—

(e) Medical Inspection of Aliens and Commonwealth Immigrants is carried out on board ship.

Section XVI—Miscellaneous.

- (a) ARRANGEMENTS FOR THE BURIAL ON SHORE OF PERSONS WHO HAVE DIED ON BOARD SHIP FROM INFECTIOUS DISEASE.

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent and the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of the Deepdale Hospital, Preston for the purpose of local enquiry and verification of the cause of death.

- (b) LEGISLATION RELATING TO WORK OF THE PORT HEALTH AUTHORITY.

Aliens Order, 1953

Antioxidant in Food Regulations, 1966

Arsenic in Food Regulations, 1959 and 1960

Artificial Sweeteners in Food Regulations, 1967

Bread and Flour Regulations, 1963

Clean Air Act, 1956 and Permitted Periods (Vessels) Regulations, 1958

Colouring Matter in Food Regulations, 1966

Commonwealth Immigrants Act, 1962

Dangerous Drugs Regulations, 1953

Diseases of Animals Acts, 1950 and Orders

Emulsifiers and Stabilisers in Food Regulations, 1962

Fluorine in Food Regulations, 1959

Food (Control of Irradiation) Regulations, 1967

Food and Drugs (Whalemeat) Regulations, 1949 and 1950

Food and Drugs Act, 1955

Food Hygiene (General) Regulations, 1960 and 1962

Food Hygiene (Docks, Carriers, etc.) Regulations, 1960

Hydrogen Cyanide (Fumigation) Act, 1937

Hydrogen Cyanide (Fumigation of Ships) Regulations, 1951

Ice Cream (Heat Treatment) Regulations, 1959 and 1963 (as they apply to home going ships)

Lead in Food Regulations, 1961

Liquid Egg (Pasteurisation) Regulations, 1963

Meat (Staining and Sterilization) Regulations, 1960

Milk and Dairies (Preservatives) Regulations, 1962

Mineral Hydrocarbons in Food Regulations, 1966

Poisons Rules, 1958

Preservatives in Food Regulations, 1962

Preston (Shellfish) Regulations, 1923

Prevention of Damage by Pests Act, 1949 and Orders 1951 and 1956

Public Health Act, 1936 and 1961

Public Health (Infectious Diseases) Regulations, 1953

Public Health (Ships) Regulations, 1966

Public Health (Imported Milk) Regulations, 1926

Public Health (Imported Food) Regulations, 1937 and 1948

Public Health (Shellfish) Regulations, 1934 and 1948

Solvents in Food Regulations, 1967

(c) (i) FOOD INSPECTION.

A considerable tonnage of food continued to arrive at the port during the year mainly comprising bacon, bananas, butter, canned meats, canned fruits, coconuts, confectionery, eggs, frozen foods, lard, meat and meat products, milk and milk products, poultry, potatoes, pumpkins and yams. Refrigerated ships arrived almost weekly from the British West Indies carrying bananas and citrus fruits, in some instances after having first called at Dublin for part discharge of cargo.

The majority of incoming food cargoes, arriving practically on all tides, came from Northern Ireland and Eire. This is chiefly carried in containers but some is still conveyed on open 'flats' covered by tarpaulin sheets. Container traffic is on the increase and falls into two groups. Some consignments are unpacked from the containers whilst in the port and reloaded into other containers or on to other vehicles—no great difficulty or inconvenience is experienced in arranging for the inspection of this type of food cargo. The other method of container freighting consists of a straightforward passage of the containers through the port without unpacking of the contents. This sometimes presents a problem. Food carried in this manner is in 'transit' through the port and often is on the dock estate for only a short time. In some instances the containers are discharged from ships straight on to vehicles waiting on the quay to take them from the port direct to their destination. The Irish food import trade is on the increase. There are now 11 ferry companies engaged in this port on such traffic. As an example in one week, taken at random, a complete check was taken of the tonnage and types of all the foodstuffs arriving from Northern Ireland and Eire. During that week there was a total of 5,129 tons of 37 different foodstuffs and 13,500 cases of eggs landed, made up of 549 separate flats and containers which were carried on 39 ships. The greatest tonnage was (a) 1,624 tons of meat (b) 1,135 tons of bacon.

The success of the container ferry service lies to a great extent in the quick collection and delivery service it provides. Every effort is made by the port health authority not to impede the efficient service provided by the various ferry companies using this method of transport.

More and more time is being spent by the port health inspector on this aspect of his duties and with the co-operation of the dock transport industry and ferry companies it was possible to carry out daily routine inspections of a reasonable percentage of food cargoes, particular attention being given to perishable foods such as bacon and meat. During the year 797 consignments of food were inspected.

The following foodstuffs were found to be unfit for human consumption :

<i>Foodstuffs</i>	<i>Weight</i>				<i>Method of Disposal</i>
	<i>T.</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>lbs.</i>	
Bananas (over-ripe, stem-rot and waste)	133	18	0	14	Tipped and buried.
Potatoes (rodent contaminated and rotten)	2	10	0	0	Tipped and buried.
Potatoes (rotten and wasty) ...	35	2	3	0	Tipped and buried.
Potatoes (rotten and wasty) ...	101	3	0	0	Released for animal feedingstuffs.
Pumpkins (rotten)... ..		1	2	0	Tipped and buried.
Peppers (rotten and wasty) ...		1	0	8	Tipped and buried.
Margarine and Lard (contaminated)		5	2	0	Released for soap manufacture.
Bacon (contaminated)			2	10	Tipped and buried.
Bacon (decomposition)		2	0	6	Tipped and buried.
Milk Powder (contaminated) ...		5	0	0	Tipped and buried.
Canned Fruit - various consignments (leaking, damaged and blown)		15	3	16	Tipped and buried.
Canned Milk (leaking and damaged)			2	8	Tipped and buried.
Canned Apple Pulp (leaking, blown and damaged)		1	1	2	Tipped and buried.
Total ...	274	7	1	8	

The above table does not take into account quantities of canned goods, damaged in transit, which were re-exported back to the canning factories in Ireland. 44 cwts. of powdered milk were also returned to Northern Ireland because of damaged bags. The public health authority in Ireland was notified and reported satisfaction as to the treatment, etc., the milk powder received upon its return to the factory of origin.

A complete cargo of potatoes from the Mediterranean island of Naxos was imported during the English home grown potato season and consequently the importer had difficulty in finding buyers for this cargo. Several hundred tons were stored in a dock storage warehouse, but these soon became soft, wasty and rotten. It was found necessary to request the importer to have the potatoes examined and searched under the supervision of the port health inspector. As a consequence 35 tons were surrendered as unsound and destroyed on the Corporation's Freckleton tip. A further 101 tons were released for animal feeding - this with agreement and supervision of the local health departments at places of destination.

(c) (ii) FOOD SAMPLING.

A total of 76 samples of food were taken during the year. Forty-four were submitted to the Public Analyst for chemical examination comprising bananas (2 samples, bacon (6), grapefruit, milk powder (2), canned cake (2), canned meat (3), canned dairy cream, canned milk puddings (2), lard (2), cheese (2), butter (2), canned

fruit (7), mashed potato powder, chocolate crumbs, instant coffee mix, chocolate, canned carrots, canned macaroni and cheese, canned steak and kidney pie (2), canned mushrooms and canned milk (2). The remaining 32 samples were submitted to the Public Health Laboratory for bacteriological examination and consisted of milk powder, canned meat (3), frozen diluted egg yolk (3), frozen whole raw egg (1), frozen egg emulsion (3), instant coffee mix, chocolate, canned mushrooms, lard, steak and kidney pie (2), canned milk (2), bacon (2), canned milk pudding (4), canned meat (3), canned fruit (6), and canned macaroni and cheese. All were reported upon as being genuine and satisfactory except for a tin of luncheon meat. The Public Analyst reported that the luncheon meat "contained 0.03 gramme of cotton fibre impregnated with blood". The food manufacturers in Belfast and the local health authority in Northern Ireland were notified and satisfactory replies were received.

(c) (iii) FOOD HYGIENE.

In order to ensure compliance with the Food Hygiene Regulations there were 343 inspections of transit sheds, containers, and vehicles, etc. Containers and "flats" used for food storage are cleansed at ports or places of loading and during the year little criticism could be made particularly with regard to the insulated and refrigerated containers. The principal cause of most infringements was found to be due to human element in handling foods being transloaded. The handlers are also engaged from time to time in handling general cargo and often forget that it is food they are handling. Employers of such labour have been most co-operative and any unsatisfactory practice brought to their notice resulted in prompt attention and remedy. Most contraventions found were of a minor nature and soon corrected, often at the time of visit. In two instances it was found necessary to serve written notices which were subsequently complied with. The tonnage of bacon handled in transloading, mainly carried out in one large shed used primarily for this purpose, is such as to warrant daily visits to transloading points. At the request of the public health authority some structural improvements were effected at the bacon transit shed in order to improve clean food storage conditions.

Routine inspections were carried out of the canteens on the dock estate. The British Sailors' Society's Mission, also part used as a dockers' canteen, on the dock estate was vacated by the Society in June. In recent years seamen had taken less and less advantage of the facilities afforded by the mission. The premises were taken over by the Port Authority and catering was contracted out so as to leave the canteen open for use by dock workers. Upon request from the Port Health Authority, certain structural works, improvements and redecoration were carried out at this canteen. All other canteens where food is sold are privately owned by firms with premises on the docklands. These are reasonably well maintained. In one instance, however, it was found necessary to serve a written notice for structural works which were eventually carried out satisfactorily.

(d) DOCK ESTATE.

During the year the port health inspector made 362 inspections of premises on the dock estate.

The Port Authority carried out major road works of re-surfacing and improvement. The building of five blocks of modern sanitary accommodation was completed early in the year and it is pleasing to report that these new structures and fittings

are appreciated by the dock workers and have not been subjected to wilful damage and acts of vandalism which frequently occurs in this type of public accommodation. Other works carried out include drainage improvements, further development of the new development site and surfacing and improvement to some existing ferry service compounds. Two new vehicle compounds were opened and a new vehicle workshop erected. One large office building was completed and occupied by a shipping company. Two smaller offices were also erected and occupied.

Ships' domestic refuse is normally stored in receptacles on the aft deck and dumped when at sea. Little nuisance arose from this source because most ships are in port for short periods only, the exception being the larger passenger-carrying Irish ferry ships where refuse is often considerable, particularly when the ship lies up for several rest days. The dumping on the quay from these ships has been a problem for a number of years and has been the subject of representation made to the Port Authority by the Port Health Authority. The position is now reasonably satisfactory since the provision of large 2-cubic-yard metal receptacles at two points on the quay where refuse is deposited from the ships. If these facilities are used properly then no nuisance should occur.

(e) SMOKE CONTROL.

The entire area of the dock estate is contained within operative Smoke Control Orders resulting in the effective control of smoke emission from installations on the estate.

Smoke from ships is no longer the problem of several years ago. Coal-burning ships entering the port were few in number. Ready and effective co-operation was received from ships' captains and engineers when their attention was directed to any smoke emission. No statutory action was necessary.

(f) DISEASES OF ANIMALS ACT, 1950 AND ORDERS.

During the year the body of a dead cow was taken from the dock. The Ministry of Agriculture and Fisheries was notified and their Veterinary Officer carried out post-mortem examination and tests for Anthrax, etc. He was satisfied as to cause of death and the beast was subsequently disposed of at the Corporation's Freckleton Tip.

No livestock were transported through the port.

Later in the year the Foot and Mouth epidemic resulted in the Northern Ireland and Eire authorities laying down certain disinfection conditions as to the return of empty insulated food containers (particularly those carrying meat) to their countries. Initially the Port Health Authority was asked by ferry companies for advice as to methods of sterilization and disinfection. The Irish agricultural authorities sent their own officer to the port to supervise and certify this work.

Welfare Services

Residential and Domiciliary Welfare Services for Aged and Handicapped Persons

These services are carried out under the provisions of the National Assistance Act 1948, are administered by the Health Committee and are closely integrated with the other health and welfare services similarly administered and controlled.

Residential Provision.

Accommodation for aged and infirm continues to be provided in four Corporation Hostels, wherein the facilities available are designed to create a home life atmosphere for the residents. Additionally, this category of person along with younger handicapped persons with special needs can be accommodated in flats lying adjacent to a purpose built hostel—Wilson House.

Hostels and flats are within easy access of main bus routes, thus giving residents the opportunity of keeping in contact with outside events and activities. No restrictions are placed on the residents of the smaller homes and the more able of the residents in the larger unit to take an active interest in matters outside the hostel.

The number of places available are:—

Fulwood Civic Hostel	...	...	...	281 places.
Ashton House	...	...	...	45 places.
Sunny Bank	...	...	...	17 places.
Wilson House	...	...	...	38 places.

Flats—There are 34 with accommodation for two persons in each flat.

Fulwood Civic Hostel.

As can be observed from the foregoing list of places the Fulwood Hostel provides approximately three quarters of the residential accommodation available. It is the main strut of this service and provides care and attention for all types of aged and infirm persons. Included in the service is nursing care over short term periods. It is also used for the transfer of persons from the smaller units when on occasions more care and attention is required by residents of these hostels.

This building is over a 100 years old and within the next five years is to be replaced by new and more modern type smaller units. Consequently adaptations and items of expenditure are reduced to a minimum and no work of major importance was carried out during the year.

On the male side there are 120 places for accommodation purposes and during the year an average of 97 men were accommodated. As on the 31st December, 1967, 99 men were in residence. There is never any difficulty about admissions to the male side and over the years there has always been a surplus of accommodation.

There are 161 places on the female side for accommodation purposes, and an average of 153 persons were accommodated throughout the year. At the end of the year 156 women were in residence. For the first time for a few years no one was waiting for accommodation at the year end.

Smaller Units.

The smaller units comprise, Ashton House and Sunny Bank, premises which have been adapted to meet residential needs. The other unit Wilson House is a purpose built dwelling. These premises provide accommodation for the more active types who are able to care for themselves and attend to their own needs, and whose desire for communal life is bound up with the need for companionship, freedom from the worry of how to manage on a limited income and the bother and trouble of preparing and cooking meals.

Demands for accommodation in these hostels have fallen off in comparison with previous years. Placement has been immediate or when required by the applicant.

Out of the 100 places available there was an average of 90 persons in residence throughout the year.

Admissions and discharges.

Total admissions to all the hostels during the year were 180. The break down of this figure according to the place admitted from is:—

Own homes	...	...	...	...	...	...	121
Direct from hospital	...	...	...	...	...	...	25
Re-admissions from hospital	...	...	...	...	...	...	29
Of no fixed abode ...	...	...	...	...	...	...	4
Transfers from other hostels (voluntary homes)	...	...	...	...	...	...	1
Total							180

These figures include eight persons who were admitted temporarily to allow relatives and neighbours with whom they were living to take a holiday or a rest.

Transfers between the Preston Hostels, not included in the above figures were: eight from Ashton House, six from Wilson House and two from Sunny Bank all to the Fulwood Civic Hostel. Whilst one went from the Fulwood Hostel to Wilson House and two were returned from Fulwood Hostel, one to Ashton House and one to Sunny Bank.

Admissions according to age groups were:—

<i>Age up to</i>	64+	69+	74+	79+	84+	89+	94+	98+
Fulwood Civic Hostel	16	17	21	34	31	17	9	1
Small Hostels ...	1	4	8	11	6	4	—	—

This table indicates that of the total admitted 79% were aged 74 or over.

Discharges totalled 190, during the year, and are made up as follows: deaths 76, removed to hospital 55, accommodated by relatives or friends 23, to other hostels 5, took discharge without indicating where they were going 31.

Facilities.

Of all the facilities available to residents the most popular are chiropody and hairstyling for the ladies. Residents are most appreciative of these services and take full advantage of them.

Five hairstyling sessions are held at the Fulwood Civic Hostel each week, and two weekly sessions are carried out at the smaller homes.

Regular chiropody sessions are held weekly at the hostels and the total number of sessions held and treatments given throughout the year are as under:—

					<i>Sessions</i>	<i>Treatments</i>
Fulwood Civic Hostel	...	...	...	...	91	908
Ashton House	...	...	...	...	20	140
Wilson House	...	...	...	...	21	152
Sunny Bank	...	...	...	...	10	73
					<hr/> 142	<hr/> 1,273

The trolley shop service operated by W.R.V.S. personnel and started at the Fulwood Hostel some two years ago maintains its popularity particularly among the very frail. They take a great interest in "what's for sale" and deliberate at length on what they are going to buy.

Flats adjacent to Wilson House.

Wilson House staff have continued to meet the immediate needs of the residents in the flats. Such services cover making fires, calling in doctors, contacting relatives and friends, arranging for domiciliary services to be laid on, providing meals. On one occasion one of the tenants was taken into the hostel because her husband died and she was unable to care for herself. Later she went to stay for a short time with her daughter and then returned as a permanent resident to Wilson House.

Four new tenants were admitted during the year. Leaving a waiting list of 13 single member units and four two-member units.

Other Hostels.

Continued use has been made of other local authority and voluntary association homes to meet the special needs of handicapped and aged persons. At the end of the year, five were in Epileptic Colonies, eight in a home for blind persons, one in a home for deaf persons and eighteen in homes for the physically handicapped and elderly, making a total of 32 persons accommodated at the end of the year as against 30 the previous year.

Table 0 shows the number of persons resident in the various homes at the end of the year and classed according to age. Table 96 shows the break down of this total according to disability and sub-divided as between persons under 65 and those over 65 years of age.

Table 96.

Age		Sex	Persons (exclusive of staff) residing in							Total	
			Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals			accommodation provided on behalf of the Council by voluntary organisations
								In possession of a L.A.	In possession of hospitals		
1.	under 30	M	Under 31	31-50	51-70	71-150	Over 150			1	1
2.		F								1	1
3.	30-49	M								5	5
4.		F								4	4
5.	50-64	M		—			3			2	5
6.		F	2				12			2	16
7.	Total under 65		2	—			15			15	32
8.	65-74	M		6			31			1	38
9.		F	3	7			40			4	54
10.	75-84	M		19			48			2	69
11.		F	5	29			62			5	101
12.	85 and over	M		5			17				22
13.		F	5	6			40			5	56
14.	Total 65 and over		13	72			238			17	340
15.	Total all ages		15	72			253			32	372
16.	Number of homes in which persons reside		1	2			1				
17. Number of persons accommodated on behalf of other local authorities (included in table above)								(a)	aged under 65	—	
								(b)	aged 65 and over	22	
								(c)	Total	22	
18. Number of persons accommodated as residents by other local authorities on behalf of the Council (not included in table above)								(a)	aged under 65	—	
								(b)	aged 65 and over	3	
								(c)	Total	3	

Analysis of persons aged under 65 in residential accommodation on 31st December, 1967 by major disability and size and type of home.

Table 97.

Table 97.									
Major Disability	Persons (exclusive of staff) residing in								
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations	Total
						In possession of a L.A.	In possession of a hospital		
	Under 31	31-50	51-70	71-150	Over 150				
1. Blind									
2. Deaf									
3. Epileptic					1			3	4
4. Physically handicapped					9			12	21
5. Mentally subnormal									
6. Mentally ill					2				2
7. Others	2				3				5
8. Total	2				15			15	32

Analysis of persons aged 65 and over in residential accommodation on 31st December, 1967 by major disability and size and type of home.

Table 98.

Table 98.									
Major Disability	Persons (exclusive of staff) residing in								Total
	Homes in the possession of the Council whose normal bed complement for residential accommodation is					Joint user premises shared with hospitals		accommodation provided on behalf of the Council by voluntary organisations	
	Under 31	31-50	51-70	71-150	Over 150	In possession of a L.A.	In possession of a hospital		
1. Blind					3			8	11
2. Deaf								1	1
3. Epileptic	..				3			2	5
4. Mentally handicapped					30				30
5. Others	13	72			202			6	293
6. Total	13	72			238			17	340

Temporary Accommodation.

During the course of the year ten families comprising 48 persons were admitted for periods of between one and twenty one days, giving a total of 56 days for the families concerned. Among the 48 persons were 15 adults and 33 children.

Two of the families have been found accommodation by the Authority, three found their own accommodation, two returned to the homes they had left before going in to temporary care—one for a domestic upset and the other an outbreak of fire. The three remaining admissions were of families who got stranded locally late at night when travelling from one part of the country to another. These families were provided with accommodation for a night and discharged the following day.

At the end of the year there were no persons in temporary care.

Table 99.

	In local authority family accommodation	In local authority communal accommodation	Accommodated by voluntary organisations	Total
1. Men (aged 16 and over) ..	—	—	—	—
2. Women (aged 16 and over)	—	—	—	—
3. Children aged 5-15 ..	—	—	—	—
4. Children aged under 5 ..	—	—	—	—
5. Total	—	—	—	—

Welfare of Handicapped Persons

In carrying out the provisions of Section 29 and 30 of the National Assistance Act 1948, the Authority provides in some instances a direct service and in others it makes use of voluntary organisations. Thus for example the Institute for Blind Welfare act as agents for the provision of work and employment of blind persons, and the North and East Lincs. Welfare Association for the Deaf for the provision of a full range of Welfare Services for Deaf persons.

The Authority's contribution being, domiciliary welfare services for the blind, partially sighted and physically handicapped and also work placement of handicapped persons.

The needs of the different groups of handicapped persons vary, but there are basic requirements common to each group, which are:

- (a) The ascertainment of handicapped persons.
- (b) Assessing needs.
- (c) Meeting those needs.

The ascertainment of handicapped persons is a relatively easy matter as these people are known to consultants and doctors. They are recommended through the hospital service in the main but many also come to light through specialist department staff, family doctors, or friends.

On a name being forwarded an assessment of needs is made. This is done by professional staff, and needs are met either directly through the Authority services or through some voluntary agency which can help with the particular problem. Usually there is no great difficulty in meeting the needs of persons, but snags do arise in the matter of the placement of younger handicapped persons in suitable hostels and the provision of transport. There is a growing need for an increase in the number of hostels for both blind and physically handicapped persons and also for transport facilities. Although blind persons are allowed free travel on any bus within the area some cannot use their pass because of inability to get on and off buses. Physically handicapped persons on limited income complain of the cost of bus travel.

Blind and Partially Sighted

Two Home Teachers for the Blind with the help of Social Welfare Officers have been concerned with the domiciliary welfare of the Blind. The Home Teachers have had the care of all registered blind persons and those partially sighted persons classified as persons likely to become blind, whilst the Social Workers have care of those on the partially sighted register who are not likely to become blind.

During the year 3,869 visits were made by these officers, and during the visits practical assistance was given, in the form of letter writing, domestic chores, escort duties, completion of forms, income tax returns, etc. Five persons were given instruction in Braille and three persons were given instruction in Moon and three persons in handicrafts.

At the year end it was noted that 17 men and 27 women had been admitted to the blind register giving a total of 109 men and 197 women at the end of the year. The partially sighted register had 18 additions, giving an overall total of 116 persons.

Registered blind males aged 65 years and over numbered 58 as against a total of 109. This represents 53% who are of pensionable age; and the number of women over 60 years of age was 155 against a total of 197, which gives 78.7% of pensionable age. Of those in the working age groups, 32 men and 14 women were in employment. A further scrutiny of the annual return showed that nine men and eighteen women were in residential care of one description or another, and 48 persons suffered from some physical or mental defect in addition to their blindness.

Blind persons benefit from certain concessions made to them in the form of free bus passes, which means they can travel as many times as they wish on any route. The number of passes held at the end of the year numbered 235. Wireless and dog licences are also a free issue and 172 held wireless licences and 25 a dog licence at year end.

The blind are kept up to date with written works and the spoken words by means of Braille, Moon, the wireless and the talking book. The National Library for the Blind operates a free library service for braille and moon readers. This service is used by 16 blind persons out of a total of 34 who can read either braille or moon.

The British Wireless for the Blind Fund supplies wireless sets free of charge and 43 persons make use of this form of communication. Additionally 63 persons made use of the Rediffusion service. Rediffusion Ltd. offer rentals at reduced rates to blind persons using their service. The talking book is used by 28 persons. The Authority makes a yearly contribution to the National Library for the Blind and pays the talking book rental for some of the blind persons concerned.

At Christmas 70 blind or partially sighted persons received a gift of either chocolates, cigarettes or tobacco, and 134 persons attended the Christmas Party.

Two outings arranged during the year attracted in total 192 persons.

Employment.

No one has been placed in open employment during the year. There were 25 persons employed in various trades and occupations. This is one less than those employed at the end of 1966 and is due to the retirement of a woman.

The institute for Blind Welfare continues as the agent of the Authority in providing the Workshops and employment for blind persons. At the end of the year 21 persons were in employment. Because of the closure of the boot and shoe department it was decided that one man be re-trained as a basket maker. He was admitted to workshop employment in the early part of 1968.

The National Joint Council for Workshops for the Blind set up in 1964 issued a circular in August, 1967 on wages relating to Blind Workers in Workshops for the Blind. These rates have been approved by Council and have been applied to the workers, and now the Authority augments the earnings of all approved blind workers to these agreed national rates. The Authority also makes a grant towards the administrative expenses involved in running the workshops.

General Classes of Handicapped.

Referrals for admission to the handicapped register come from many sources, chief of which are through hospitals and Health Department staff. During the year 57 new cases were added to the register, of these 26 were men and 32 women. Of this group of persons (a) one only was regarded as capable of work under ordinary working conditions, (b) four were regarded as incapable of work under ordinary industrial conditions, but mobile and capable of work in sheltered workshops, (c) two were only capable of work at home, (d) whilst 45 persons were either incapable of or not available for work, and five were under the age of 16 years. An analysis of the 57 registrations show that the main handicaps were, arthritis and rheumatism 14, diseases of heart or circulatory system, the respiratory system other than tuberculosis 11, injuries of head, face, neck, etc. 12, and organic nervous diseases 16.

Of the five cases listed under (a) and (b), two are in employment, one attends the Handicapped Persons' Workshop and Social Centre, one has been placed in Barrowmore Hall for employment and accommodation and one is being considered for re-training by the Ministry of Labour. Of the two cases in (c) one person has died since registration and the other has not yet accepted offers of help. Of those in the (d) category 17 attend the Handicapped Persons' Workshop and Social Centre, transport being provided for 10 of them.

The total on the register at the end of the year was 740—320 men and 420 women. Of the total registered, 80 were under the age of 16 years and 212 over the age of 65.

During the year Social Welfare Officers of the Section made 490 visits. These visits related to first visits, re-visits, adaptations to homes, aids for the handicapped, arranging transport.

Thirteen persons benefited from the adaptations and aids provided, at a cost of £120.

The handicapped instructress made 228 visits during the year giving instruction in various handicrafts to an average of 15 persons.

The Authority acts as the agent of the Ministry of Health for the distribution of car labels. These enable police and traffic wardens to assist the handicapped persons with parking difficulties.

Ten persons were issued with labels during 1967, making a total of 70 persons who now take advantage of this service.

One man and two women were admitted to accommodation suitable to their needs.

The summer outing was attended by 80 persons, and at Christmas time 117 housebound were provided with a gift of either chocolates, tobacco or cigarettes. The Christmas Party was attended by 170 persons.

Table 100 shows the total number of persons on the register at the end of the year and also the groupings according to age and the nature of the disease.

Table 100.						
Major handicaps	Age					Total
	under 16	16-29	30-49	50-64	65 or over	
1. Amputation	1	2	4	15	12	34
2. Arthritis or rheumatism	1	8	6	43	73	131
3. Congenital malformation or deformities	8	8	8	4	8	36
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	9	19	10	20	32	90
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	8	12	8	19	31	78
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	45	96	70	68	48	327
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	2	3	2	1	8
8. Tuberculosis (respiratory)	—	—	—	1	1	2
9. Tuberculosis (non-respiratory) ..	—	—	1	—	—	1
10. Diseases and injuries not specified above	8	4	4	11	6	33
11. Total	80	151	114	183	212	740

Deaf and Hard of Hearing.

The North and East Lanes Welfare Association for the Deaf acted as agents throughout the year in providing a full range of Welfare Services for the Deaf. In addition to the work with the deaf in hospitals started last year the Association have in hand the provision of hostel accommodation in Preston for young Deaf Persons. This hostel will be a short stay home for such persons, but it is envisaged also to retain a few places for the elderly infirm deaf types.

Financial help was given to the Association by the Authority in the form of a per capita grant of £25 for each registered deaf person residing within the Borough as on the 1st April discounting children up to the age of 16 years and persons in residential care. The total sum paid was £1,775.

Table 101 shows the total number of persons registered in various categories and also the number admitted to the register during the year.

Table 101.

Age	Sex	Number of persons on register at 31st December, 1967				Number of persons whose names were added to the register during the year ended 31st December, 1967.			
		Deaf with speech	Deaf without speech	Hard of hearing	Total	Deaf with speech	Deaf without speech	Hard of hearing	Total
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Under 16	M	—	3	19	22	1	—	1	2
	F	—	1	16	17	—	—	—	—
16-29	M	4	9	21	34	—	—	—	—
	F	6	5	15	26	2	1	—	3
30-49	M	3	6	3	12	—	—	—	—
	F	4	6	5	15	—	—	1	1
50-64	M	—	10	2	12	—	—	—	—
	F	2	8	5	15	—	—	—	—
65 or over	M	—	5	11	16	2	—	—	2
	F	1	4	23	28	—	—	—	—
Total		20	57	120	197	5	1	2	8

Handicapped Persons' Workshop and Social Centre.

The Centre was purpose built with the intention of providing for the rehabilitation of handicapped persons.

It is the function of the staff of the Centre and those associated with it to help the handicapped in whatever form of rehabilitation best suited to meet the individual's needs. Thus, the aims of the Centre are:

1. The restoration of independence.
2. The finding or providing work in "open" or "sheltered" employment.
3. The provision of handicrafts and social activities.

Initially an assessment is made of the potential and needs of the individual. Naturally this is governed by the limits imposed by the degree of handicap of the person. Consequently the majority attending the Centre never graduate to full earning capacity.

The practical work of the Centre therefore is to provide handicraft facilities, suitable to individual needs and desires and recreational and social activities governed again by the limits imposed by disabilities. In a small way, probably the most important work in rehabilitation—employment—is attempted. This is related to Gold Thread Embroidery, where a fair measure of success has been obtained in the training of suitable persons and in their placement in employment.

The Centre is open Monday to Friday, from 9 a.m. to 9.30 p.m., Monday to Thursday and from 9 a.m. to 5.30 p.m. on Friday, the evening of which is used by the Society for Mentally Handicapped Children, as a club night for their members.

Over the years there has been an integration of the various classes of handicapped persons and whilst in principle certain days are reserved for special groups, in practice the groups mix on all days and this has not presented any difficulties.

Activities

Physically Handicapped.

Training in Gold Thread Embroidery is being undertaken by four persons. Two others are qualified workers and do outwork for a local firm. There was one placement of a young girl, with this same firm, in full time employment.

An average of 42 persons attended on two days per week and had instruction in various types of handicrafts. In total 5,086 attendances were made in this connection, and 2,646 attendances were made by persons attending social activities.

To enable the less able handicapped persons to attend, the Welfare vehicle made 942 journeys in transporting 6,652 cases to and from the Centre, and 3,723 dinners were served to those who availed themselves of this service.

Blind.

An average of 33 persons attended the handicraft sessions and throughout the year 1,574 attendances were made by persons wishing to avail themselves of this service, and 2,848 attendances were made by those interested in social and recreational activities.

Transport is provided for persons who are housebound and during the year 506 journeys were made transporting 1,589 cases and 682 dinners were served to those requiring this service.

During the year chiropody sessions were held for the Blind and Physically Handicapped and the total number of sessions held and treatments given covering both groups were, 52 sessions and 346 treatments.

Staff.

A full time handicraft instructress is employed with part-time assistance on two half days during the week. Their work is principally related to the Physically Handicapped and those who have suffered mental breakdowns. The two Home Teachers noted previously attend on two half days per week—one day on the supervision of handicrafts and the other day supervision of social activities. Additionally there is a Warden and Assistant Warden and driver handyman in full time employment and three part-time domestic staff.

Table 102.
Follow-up of Registered Blind Persons
January 1st—December 31st, 1967.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	7	8	—	24	39
(b) Treatment (medical, surgical or optical) ..	2	1	—	2	5
Total	9	9	—	26	44
2. No. of cases at 1(b) above which on follow-up action have received treatment	1	—	—	2	3

Table 103.
Follow-up of Registered Partially Sighted Persons.
January 1st—December 31st, 1967.

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
1. No. of cases registered during the year in respect of which sect. F of Form B.D.8 recommends :—					
(a) No Treatment ..	4	1	—	7	12
(b) Treatment (medical, surgical or optical) ..	3	1	—	2	6
Total	7	2	—	9	18
2. No. of cases at 1(b) above which on follow-up action have received treatment	2	1	—	—	3

Domiciliary Visiting and Care.

Visiting of the aged is carried out by health visitors. During the year 3,105 such visits were made. On the initial visit immediate needs are met, a case history is compiled and when necessary follow-up visits are carried out. Members of the staff of the Welfare Section devote part of their time to enquiries about hostel accommodation, flats and protection of property. Over the last few years a reserve list of probable clients for hostel care has been drawn up and regular visits are made to this group also. The total number of visits made for all purposes was 1,311.

Voluntary organisations, Church groups and other groups of people not connected with any parent body do a vast amount of work for elderly people and others. Unfortunately this work is not recorded and as there is no central organisation from which information can be obtained it is difficult to assess what is done by these groups. It is certain, however, that a fair amount of visiting is carried out, material and financial help given and holidays arranged.

Information does come from the Old People's Welfare Committee. This organisation through its members arrange for the visiting of elderly persons living alone and occasionally is able to provide creature comforts in needy cases. A pleasing feature of this service is the number of young people who are helping out. Two groups, one from the Park School and another from the Wm. Temple School are concerned at present.

The W.R.V.S. Chiropody sessions continue to be held and the number of sessions have been increased this year. Three are held each month and an extra one introduced as the occasion demands. During the year 40 sessions were held and 320 treatments given. The luncheon club provided 3,949 meals for an average of 70 persons.

Social and recreational activities are provided by the Old Men's Brotherhood, the Catherine Beckett Club and the Ingol and District Senior Citizens Club.

Shopping evenings for the elderly and disabled were held during the course of the year and also a party of elderly and disabled were taken to see the Gilbert and Sullivan production *Patience*.

Protection of Property.

Section 48 of the National Assistance Act 1948, provided for the temporary protection of any movable property, where no such arrangements have been made through the inability of the persons concerned to do so.

During the year protection was given to the property of 30 persons who had either been admitted to hostels or hospitals. In 16 cases the property was put into store and in 14 cases the property was kept under surveillance in the homes of the people concerned. In addition, in 4 cases after death, property was stored until either relatives were traced or instructions for disposal were received from the Duchy of Lancaster.

Interments.

During the year arrangements were made for the burial of eighteen deceased persons, and in twelve instances there was recovered from the estate of the deceased the full cost of the expenses involved. In the other six cases partial expenses only were recovered.

National Assistance Acts 1948 and 1961.

No action was taken during the year for the compulsory removal of persons under the appropriate sections of the National Assistance Acts.

APPENDIX I

Report submitted to Health Committee, January, 1967

Continuing Progress in Smoke Control.

Conversations have taken place with officers of the Fulwood U.D.C. regarding the intentions of that authority in the establishment of smoke control.

The difficulties associated with properties situated on the common boundary have been examined and consideration has been given to the feasibility of phasing the programmes of the two authorities.

It has been thought reasonable, so far as is practicable, to relate in time the establishment of coincidental areas. This idea is an extension of the Health Committee's policy of space association from which has developed a single large zone, over one third of the town, of smokelessness.

It is suggested then that three further areas of smokelessness be established.

An eighteenth area has been surveyed in Ashton east of Tulketh Road. This area is adjacent to the already established tenth and sixteenth areas and its inclusion in the comprehensive zone would extend that zone closer to that part of Fulwood which is under review for smoke control.

Two other small areas are suggested for inclusion—one north of Hawkins Street as far as Aqueduct Street and including the Murray Street and Hawkins Street Clearance Areas, the other north of the Royal Infirmary as far as St. George's Road.

The data relevant to these three areas are set out herewith.

Proposed No. 18 Smoke Control Area.

DEFINITION OF AREA:

The area of the County Borough of Preston which lies within a line commencing at the intersection of the centre lines of Water Lane and Tulketh Road, then proceeding north-westwards along the centre line of Tulketh Road to the intersection of the centre line of that road with the centre line of Blackpool Road, then north-eastwards along the centre line of Blackpool Road to the point on Haslam Park bridge over the eastern boundary of the Preston-Blackpool railway line, then south-eastwards along the eastern boundary of the Preston-Blackpool railway to the point on the Maudland viaduct over the centre line of Water Lane, then south-westwards along the centre line of Water Lane to the intersection of the centre line of that road with the centre line of Tulketh Road at the point of commencement.

SIZE OF AREA:

84 acres.

GENERAL DESCRIPTION:

The area is entirely of a residential character and is bounded generally by the Preston-Blackpool railway, Blackpool Road, Tulketh Road and Water Lane.

NUMBER AND CHARACTER OF PREMISES IN THE AREA:

(a) *Dwelling Houses*

(i) Private	1,060	
(ii) Local Authority	1	
	—	1,061

(b) *Other Premises*

(i) Shops, Yards, Warehouses, etc.	33	
(ii) Public Houses	3	
(iii) Health Clinic	1	
(iv) Engineering Works	1	
(v) Churches, Schools, Clubs	9	
	—	47

Total premises 1,108

FUEL REPLACEMENT.

It is estimated that some 2,650 tons of coal per annum will require to be replaced by smokeless fuel.

GENERAL EXEMPTION.

Is recommended for the use of kindling sticks and paper where a building has no gas supply.

COST OF CONVERSIONS.

Experience has shown that the likely cost to the Health Committee of each house altered will be £13.

DATE OF OPERATION.

1st November, 1967, is suggested as a reasonable date for the coming into operation of such an order.

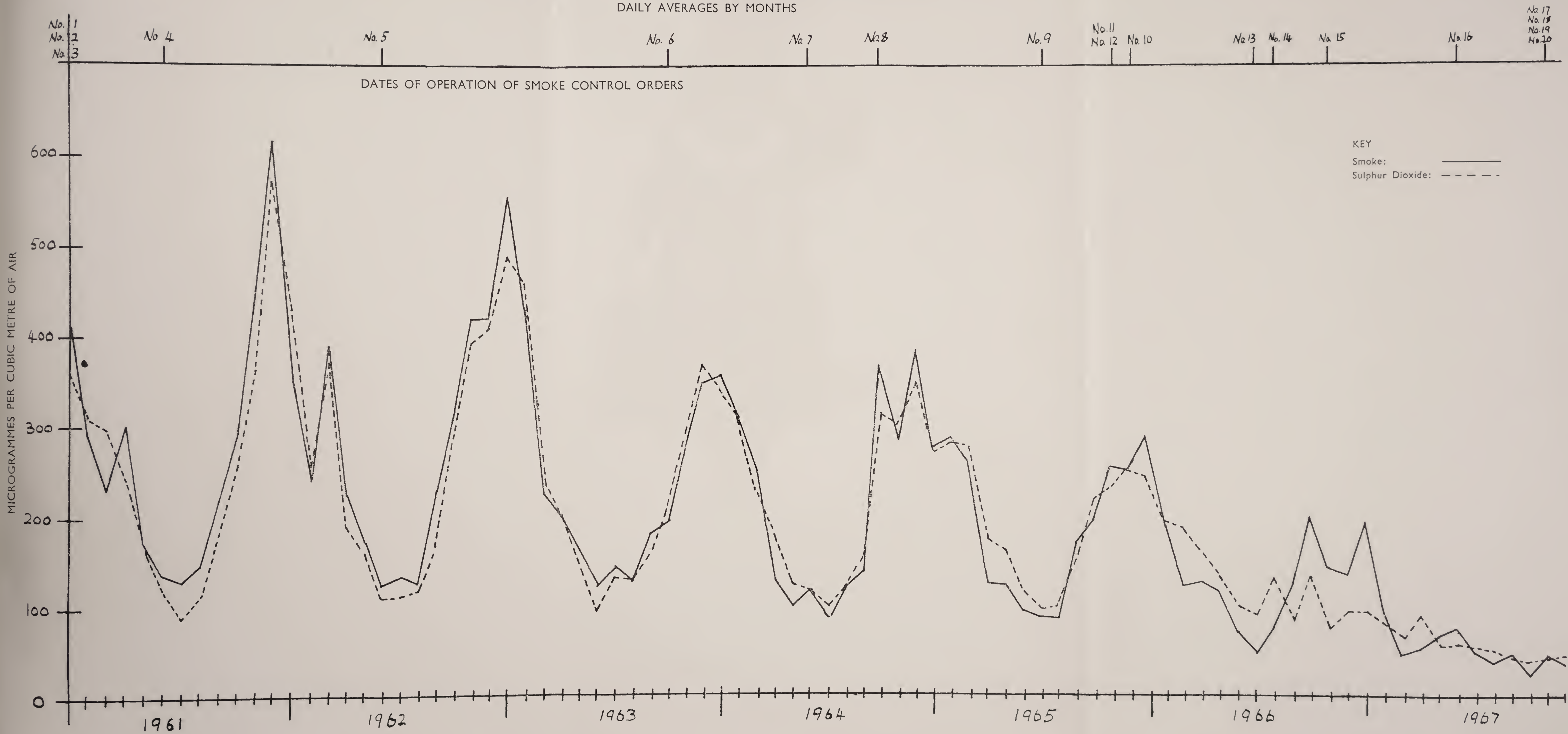
Proposed No. 19 Smoke Control Area.

DEFINITION OF AREA:

The area of the County Borough of Preston which lies within a line commencing at the intersection of the centre lines of Garstang Road and Aqueduct Street, then proceeding westwards along the centre line of Aqueduct Street to the intersection of the centre line of that street with the centre line of Greenbank Street, then proceeding southwards along the centre line of Greenbank Street to the intersection of the centre line of that street with the centre line of Hawkins Street, then proceeding eastwards along the centre line of Hawkins Street to the intersection of the centre line of that street with the centre line of Adelphi Street, then proceeding northwards along the centre line of Adelphi Street to the intersection of the centre line of that street with the centre line of Moorbrook Street, then proceeding eastwards along the centre line of Moorbrook Street to the intersection of the centre line of that street with the centre line of Garstang Road, then proceeding northwards along the centre line of Garstang Road to the point of commencement.

SMOKE AND SULPHUR DIOXIDE IN TOWN CENTRE

DAILY AVERAGES BY MONTHS



SIZE OF AREA.

21 acres.

GENERAL DESCRIPTION.

This area is of mixed terraced type residential property and light industry. It forms an extension northwards of the No. 14 Smoke Control Area as far as Aqueduct Street.

NUMBER AND CHARACTER OF PREMISES IN THE AREA.

								A	B
(a) <i>Dwelling Houses</i>									
(i)	Private	...	...	...	...	...	...	194	161
(ii)	Local Authority	...	...	...	...	...	...	—	1
(b) <i>Other Premises</i>									
(i)	Shops, Warehouse, etc.	...	...	...	...	...	30		
(ii)	Yards, Garages, etc.	...	...	...	...	...	7		
(iii)	Public Houses	...	...	...	...	...	3		
(iv)	Factories...	...	...	...	...	...	7		
(v)	Schools	...	...	...	...	...	1		
								48	4
Total premises								242	166

A=likely to remain for smoke control.

B=premises in Clearance Areas and grey properties adjacent.

FUEL REPLACEMENT.

It is estimated that some 500 tons of coal per annum will require to be replaced by smokeless fuel.

EXEMPTIONS.

General exemption is recommended for the use of kindling sticks and paper where a building has no gas supply. Exemption will also be necessary for those premises in B above.

COST OF CONVERSION.

Experience has shown that the likely cost to the Health Committee of each house altered will be £13.

DATE OF OPERATION.

1st November, 1967, is suggested as a reasonable date for the coming into operation of such an order.

Proposed No. 20 Smoke Control Order.

DEFINITION OF AREA.

The area of the County Borough of Preston which lies within a line commencing at the intersection of the centre lines of Deepdale Road and Burrow Road, then proceeding westwards along the centre line of Burrow Road to the intersection of the centre line of that road with the centre line of St. Pauls Road, then northwards along the centre line of St. Pauls Road to the intersection of the centre line of that road with the centre line of St. Georges Road, then eastwards along the centre line of St. Georges Road to the intersection of the centre line of that road with the centre line of Deepdale Road, then southwards along the centre line of Deepdale Road to the intersection of the centre line of that road with the centre line of Burrow Road at the point of commencement.

SIZE OF AREA.

22 acres approximately.

GENERAL DESCRIPTION.

This area is an extension of the No. 13 Smoke Control Order to St. Georges Road and Deepdale Road. It includes an area of terraced residential property between Argyll Road and Burrow Road and an industrial area between Argyll Road and St. Georges Road. This part is given to local authority use in connection with passenger transport, ambulance service, refuse collection, street lighting and direct works services.

NUMBER AND CHARACTER OF PREMISES IN THE AREA.

(a) *Dwelling Houses*

(i) Private	...	...	...	...	...	...	...	270	
(ii) Local Authority		...	...	...	...	...	...	—	270

(b) *Other Premises*

(i) Shops, Offices, etc.	...	...	...	...	...	...	8	
(ii) Churches...	...	...	...	...	...	...	1	
(iii) Preston Corporation Depots	...	...	...	...	...	...	6	15
Total Premises								285

FUEL REPLACEMENT.

It is estimated that some 700 tons of coal per annum will require to be replaced by smokeless fuel.

GENERAL EXEMPTION.

Is recommended for the use of kindling sticks and paper where a building has no gas supply.

COST OF CONVERSIONS.

Experience has shown that the likely cost to the Health Committee of each house altered will be £13.

DATE OF OPERATION.

1st November, 1967, is suggested as a reasonable date for the coming into operation of such an order.

J. S. G. BURNETT,
Medical Officer of Health.

Health Department,
Municipal Building,
Preston.
13th January, 1967.
JSGB/MML.

APPENDIX II

Report submitted to Health Committee, April, 1967.

Report on the Home Help Service.

DEVELOPMENT.

The Ministry of Health in 1944 were "concerned with the position of persons sick or infirm (whether through old age or otherwise)" who were unable to obtain domestic help of which they were peculiarly in need. As a consequence, local authorities were invited, under Defence Regulation powers to make provision for domestic helps in the circumstances outlined, and the Preston Corporation inaugurated a local service in May, 1945 when two domestic helps were engaged, a minimum of twenty hours per week being guaranteed.

The National Health Service Act, 1946, provided fresh powers to local health authorities and a new service came into operation in July, 1948, under the control of Miss Doherty as a full time domestic help organiser.

POWERS AND FUNCTIONS.

The National Health Service Act, 1946, provided powers to local health authorities "for providing domestic helps for homes where such help is required owing to the presence of any person who is ill, lying in, an expectant mother, mentally defective, aged, or a child not over compulsory school age." These powers are comprehensive and have so been interpreted in practice.

Nevertheless, in 1951, under the powers given in Section 28 of the National Health Service Act, the Corporation inaugurated a service of night attendants to carry out non-nursing duties overnight where such a service was required. No establishment has been laid down for this service and the number of attendants employed at any one time varies according to demand, but has never exceeded ten at any moment in time. These night attendants are paid only in respect of the nights actually employed.

STAFFING AND OPERATION.

At the end of 1948 the service employed 37 home helps on a part-time basis averaging 30 hours per week per home help. The number of home helps was fairly regularly increased until 75 were being employed in 1954. This number remained static until 1961, when the establishment was increased to 90. At the present time 94 part-time home helps are employed, representing a whole time equivalent of 70.

As with all statutory services that involve the provision of aid, either free or at a reduced cost, the officer in day to day charge of the service—Miss Doherty—is charged with the duty of receiving and considering requests for aid and for determining whether and to what extent help shall be provided. In fact, the nature of the requests are such that help is not refused though its termination is at Miss Doherty's discretion.

Cases usually fall into two categories:—

1. Those where help is urgently and immediately required, but where the need ceases, alters or can be met otherwise within a comparatively short period of time, and
2. Persons who suffer from chronic illness or residual handicap who are in need of long term care.

SOURCES OF REFERRAL.

The main channels through which cases are referred are health visitors, district nurses, midwives, family doctors, welfare officers and mental welfare officers on the staff of the Health Committee and hospital almoners. Only rarely is help sought directly by other groups though certain organisations and specialist officers, e.g. voluntary groups, the officers of central departments and probation officers, may have referred cases initially for general welfare work to the health visiting service and home help provision has been subsequently provided at the request of health visitors.

ANALYSIS OF CASES DEALT WITH IN 1966.

1,168 persons were assisted in 1966, the home helps working 139,350 hours at an average weekly level of 2,680 or 28.5 hours per home help.

Of the persons assisted 808 were over 65 years of age. Many of these people were ill and help was provided for this reason rather than because of age.

Help was given to 360 persons under 65 years of age according to the following classifications.

SHORT TERM AID.

i.e. not exceeding 8 weeks.

Short term illness or accident	...	...	...	69	
Mentally disordered	...	...	...	33	
Pregnancy	...	...	...	17	
Chronic illness	...	...	...	97	
				<hr/>	216

LONG TERM AID.

Chronic illness or accident	...	...	...	144	
				<hr/>	144
					<hr/>
					360
					<hr/>

Of the 360 persons in this category who were assisted children of school age or younger were involved in 40 instances.

Analysis of the first group of 69 persons yielded the following information.

Length of service provided.

For 2 weeks	...	17	Cases at $\frac{1}{4}$ cost	...	...	43
For 3 weeks	...	15	Cases at full cost	...	...	26
For 4 weeks	...	17				<hr/>
For 5 weeks	...	4				69
For 6 weeks	...	8				<hr/>
For 7 weeks	...	1	Cases having 3 hours weekly	...		51
For 8 weeks	...	7	Cases having 6 hours weekly	...		5
		<hr/>	Cases having 9 hours weekly	...		4
		69	Cases having 15 hours weekly...			9
		<hr/>				<hr/>
						69
						<hr/>

Corresponding data for the last group of 144 are as follows:—

For 3 months	...	47	Cases at full cost	...	...	35
For 4-5 months	...	18	Cases at $\frac{1}{2}$ cost	...	...	1
For 6-8 months	...	31	Cases at $\frac{1}{4}$ cost	...	...	108
For 9-12 months	...	43				
1-2 years	...	5				144
		<hr/> 144				

All cases assisted 3 hours per week only.

COMMENT.

The statutory powers are wide and enable a service to be provided to meet almost any need.

In fact the service covers a very large number of people, about 800 at any one time.

As has been stated earlier in this report, the service is meeting a twofold need.

1. THE SHORT TERM URGENT NEED.

The home help service normally functions until 4.0 p.m. on a five day week basis but on occasion in this category of care attendance may continue for a longer period and on rare occasions is extended into Saturday. The night attendant service is of course also available in such circumstances. This fairly rigid method of operation is determined by two factors, (a) the committee's original opinion that family and voluntary help should play a fundamental part and not simply be replaced by paid home helps and (b) the home helps are almost invariably married women with families and they are not keen on regular evening, weekend or holiday work.

It is considered that, in the short term, a good deal of family help is available but much of it would not be forthcoming if home helps were provided routinely. The service in these cases is proving of great value in permitting husbands to return to work and older school children to return to school. It is also giving relatives a respite whilst they make plans for long term care where this will prove to be necessary. Nevertheless difficult situations do arise occasionally among a small group of socially poor people who are without friends and who could do with more help than is normally provided.

2. LONG TERM CARE.

In these instances the acute problem has been dealt with and the residuum of cases remaining at home and in need of assistance get it within the limits of the availability of staff. The issues in this group are much less complex. The acute problems have been resolved and there remains the provision of regular household help to the overburdened mother or the crippled or mentally afflicted older person. This in fact means 3 hours service per week for all and in an appreciable number of cases this is very inadequate.

Any moderate increase in staff would immediately be swallowed up in improving the deplorably thin cover at present provided.

J. S. G. BURNETT,
Medical Officer of Health.

Municipal Building,
Preston.
17th March, 1967.
JSGB/MML/C.6/D.2(a)

APPENDIX III

Report submitted to Health Committee, September, 1967.

Housing Fitness, 1967.

THE AFTERMATH OF THE WAR.

There is a statutory obligation on the local authority to review the housing circumstances of the town and to determine the extent to which there are houses unfit for human habitation.

In 1955 a comprehensive report was submitted to you outlining the extent of unfit housing then thought to exist in the county borough. The estimate of unfit houses given in that report was 6,153 and detailed inspection of individual areas followed by formal representation which had actually commenced in 1953 has continued ever since.

This detailed inspection revealed that on the fringes of these areas more houses were in fact unfit than had been suspected and by the 1st July, 1967, almost 7,300 houses had been formally represented to you. Of those apart from 318 houses represented to you in June, 1967, and consideration of which you have deferred, action has followed to the extent that the vast majority of families have been rehoused either by the Council or by their own efforts and the remainder should be rehoused during the next two years.

There remain some 130 houses from areas included in the original report awaiting formal representation.

CURRENT HOUSING STANDARDS.

This work carried out over the past fourteen years was concerned basically with the elimination of unfit property. In the intervening years much thought has been expended on housing generally by successive governments and a spate of new legislation has been produced.

Among other things public opinion for some time past has demanded a higher standard of housing fitness and a more comprehensive amenity level. Regard has been had to this pressure in legislation, e.g. in relation to houses in multiple occupation and as to the compulsory improvement of dwellings to provide standard amenities.

Statutory procedures, however, have not shown themselves so far to be particularly effective in achieving better amenity standards in old fit houses and the Sub-Committee on Standards of Housing Fitness set up by the Central Housing Advisory Committee of the Ministry of Housing and Local Government reporting last year stated that in its view "there is a need both for effective compulsion to improve and maintain the better old houses and for more pressure for early clearance of the worst."

A NEW SURVEY.

Consideration has been given to the local housing situation in the light of the near completion of the work associated with the 1955 report.

Nearly all the property in the town built before the first world war lies south of Blackpool Road and east of Tulketh Road. A new survey has therefore been carried out on houses within this perimeter in the knowledge that no major housing problem

exists outside it. Indeed housing within the perimeter but west of the Blackpool railway line and north of Wellington Road and also that lying south of Frenchwood Avenue has also been excluded from review for the same reason.

Some 25,500 houses lie within the review area and they have been regarded from two aspects.

1. Those whose life is considered likely not to exceed fifteen years.

It is thought that about 3,050 houses are likely to become unfit in the next fifteen years. Of these, however, only some 550 need active consideration and likely representation in the next five years. Having regard to the figures submitted earlier in this report some 1,000 houses are likely to have been represented as unfit for human habitation by 1972.

2. Those with a longer life but lacking the amenities that could be added under legislative powers.

The Housing Act, 1964, provides the statutory means to deal with housing which though fit in terms of the standards of the Housing Act, 1957, nevertheless falls short of the amenity standards appropriate to the present time.

A duty is placed on the authority to arrange for inspection with a view to identifying areas suitable for comprehensive improvement.

The basis of the act insofar as it is concerned with the improvement of buildings is in the encouragement of voluntary improvement whilst providing powers of compulsion in respect of tenanted property.

Consideration has been given to a determination of the number of houses, within the 22,500 above mentioned, that have a life in excess of fifteen years but fall short of the appropriate amenity standards.

Amenity standards and their application have varied from time to time. For example, in a sample survey of 2,700 houses in one area of housing built pre-war only 25% were without baths but 55% had no internal w.c. In other areas the ratios are markedly different.

It is felt that a reasonably accurate estimate of the problem of substandard amenity levels is not possible except by internal inspection of property. The staff time consumed in such an exercise is thought to outweigh the advantage to be gained by the possession of such information and the lack of this information in itself is not a hindrance to further action. Clearly other factors are fundamental to area improvement, factors such as roads and traffic flow, play spaces, area ventilation and so on. The definition of an area having regard to the factors that are relevant to it should precede therefore a determination of the needs of the individual houses within such an area.

It is suggested then that consultation should take place with the Town Planning Committee as to the location of areas that would merit overall improvement. When such an area has been outlined a detailed inspection of it and a full report on the application of the powers given by the act could be submitted to the committee for its consideration.

It is suggested further that since the staff have little experience of applying and operating the cumbersome procedure required by the act there is merit in initiating coincidentally a pilot scheme of improvement in a small area. The experience gained and the data collected would be invaluable in considering the larger areas waiting to be dealt with.

The streets around and behind the Ribble Dock offices are considered to be suitable for such an exercise and the Borough Surveyor has advised me that no complicating planning factors are involved.

Information concerning the area in question is set out herewith.

Clyde Street Improvement Area.

(a) DESCRIPTION.

The area comprises Clyde Street, Dart Street and Mersey Street and contains 131 houses. They were constructed at the turn of the century by Dick Kerr's Engineering Co. Ltd. to house their employees and subsequently sold between the two wars. Each street of houses was apparently sold to one purchaser and in the case of Mersey Street and Dart Street as tenancies terminated the owners sold the properties so that 42 are now owner occupied. The whole of Clyde Street has remained in one ownership however, including seven houses severely damaged by fire since the survey was carried out.

(b) OPINIONS OF OCCUPIERS.

All the houses in the area have been visited, the views of the occupiers ascertained and summarised as follows:—

	<i>Mersey Street</i>	<i>Clyde Street</i>	<i>Dart Street</i>	<i>Totals</i>
No. of tenanted houses	21	50	17	88
No. of tenants in favour of improvements	9	34	7	50
No. of tenants not in favour	7	7	4	18
No. of tenants who "don't know" ...	5	9	6	20
No. of owner/occupied houses	28	—	14	42
No. improved	18	—	11	29
No. of owner/occupiers willing to improve	6	—	3	9
No. of owner/occupiers not willing ...	4	—	—	4
No. of vacant houses	—	—	1	1

Tenants not in favour of improvements were mostly elderly people who were afraid of the increased rent or did not want to be bothered with alterations.

(c) CONDITION OF PROPERTIES.

The houses are of good solid construction with 11" cavity walls. They are generally in good repair, the worst features being defective pointing and perished brickwork in backyard structures. A complication exists in that seven houses in Clyde Street have been severely damaged by fire since the survey was carried out.

(d) COST.

It is thought that improvement cost would be in the neighbourhood of £440. Half of this amount would be payable as grant to the owner, of which 75% is recoverable from Exchequer contributions.

J. S. G. BURNETT,
Medical Officer of Health.

Health Department,
Municipal Building,
Preston.
15th September, 1967.

SCHOOL HEALTH REPORT, 1967

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INTRODUCTION

To the Chairman and Members of the Development Sub-Committee of the Education Committee.

A feature of the year 1967 was the relative high incidence of infectious disease involving the gastrointestinal system.

Attention is drawn in the report to the unsatisfactory sanitary conditions prevailing in some schools and the need for their modernisation, but it is recognised also that difficulties with the main sewerage system in certain parts of the town have been detrimental to the maintenance of a reasonable standard of hygiene generally.

Scabies, which has been present in the town for a number of years, tends to follow a cyclical pattern and there is some suggestion that the top of the curve has been reached.

Tuberculosis, which has been reduced steadily since the early 1950's, is showing some increase again because of the introduction of immigrant races with a different resistance pattern. Of the eight school children found to have tuberculosis, six were among coloured immigrants.

Health education played an increasing role in schools during 1967 and it is gratifying to note the extending interest amongst head teachers in this type of activity as a part of the educational progress.

The system of selective medical inspection instituted last year has suffered from medical staff shortage, as has the work generally. Where shortage over a limited period occurs it is possible to maintain an adequate cover over the whole school population, but over the long term this results only in general inefficiency, and it has been considered better to maintain an efficient service to a part of the school population, providing only emergency services in the areas for which a doctor is not available.

We still lack the services of a speech therapist and have only half the required number of dentists.

Fortunately, we are better situated so far as health visitors and school nurses are concerned and it has been possible therefore to extend the scope of testing for visual and hearing defects.

I am grateful to Dr. Purdom, who has again prepared and edited the detailed parts of the report.

J. S. G. BURNETT,
School Medical Officer.

SCHOOL HEALTH REPORT, 1967

A.—GENERAL INFORMATION

1. Statistical Data.

Statistical data, including the cost of the School Health Service and tables relating to the medical inspection of school children will be found in the Appendix at the end of the report.

2. Staffing.

- (a) *Medical Officers.*—The establishment is six departmental medical officers. With the resignation of Dr. Hunt at the end of March and Dr. Nolan at the end of November, the year ended with two vacancies unfilled.
- (b) *Dental Officers.*—Throughout the year there were two full time dentists, the Chief Dental Officer and one senior dental officer appointed in the previous November. At the beginning of August another dentist was appointed for part-time duties.
- (c) *Clinic Nurses and Health Visitors.*—At the end of the year there were seven clinic nurses, four of these being employed during school hours only. All but two of the 25 health visitors undertake school health duties.
- (d) *Ancillary Staff.*—The vacancies for physiotherapist and speech therapist remained unfilled throughout the year.

3. School Population.

Table 104 shows the number of schools of various types in Preston, and the number of children on roll at 22nd December, 1967. The old school premises for St. Augustines Junior pupils were finally evacuated at the end of the summer term and the new school buildings, adjacent to the new infant's school, were opened in the Autumn term.

Type of School	No. of Schools	No. on Roll
Primary	33	10,419
Secondary	9	5,491
Secondary Grammar	5	3,232
Special (Day)	2	261
Special Classes (2)	—	18
Nursery School	1	98
Total	50	19,519

4. Deaths of School Children.

During the year the deaths of four Preston school children were recorded, three boys and one girl. Two of the boys, aged 5 years and 9 years, died as the result of road traffic accidents. Chronic renal disease and an acute abdominal condition were the causes of the other two deaths.

B.—ROUTINE EXAMINATIONS.

1. Periodic Medical Inspections.

Each pupil is medically examined on school entry and before leaving school. Examination of pupils aged 10-11 years continued as a routine procedure except in the primary schools for which two of the medical officers were responsible. In these, selective medical inspections continued to be applied.

SELECTIVE MEDICAL INSPECTIONS.

Details of the organisation for selective inspections were given in last year's report. With the resignation of one of the medical officers concerned early in the year, and no re-appointment in the remainder of the year, it was only possible to implement adequately the selective method of inspection in one district. Of 241 children of the appropriate age in this doctor's district there were 82 selected for examination, that is 34%. In some of his schools, the numbers of pupils involved in a term were too small to warrant use of selective examination, and routine inspection was in fact adopted for a further 79 pupils. Comparison has been made of the findings at the 82 selective and the 79 routine medical inspections carried out by this one doctor. Excluding vision defects (all pupils, selected or otherwise, have a test of vision at this age) the numbers of defects requiring treatment or observation in the two groups were as follows:—

	<i>Routine Group</i>	<i>Selective Group</i>
Total pupils in group ...	79	241
Total pupils examined ...	79	82
Defects requiring treatment...	4	8
Defects requiring observation	8	25

While these figures show the anticipated increase in number of defects requiring observation or treatment among pupils examined in the selective group, figures are only comparable when relating incidence to the total number of pupils in each group. Incidences are then shown to be similar. Thus the incidence of defects in the routine group was 15.1 per 100 pupils compared with 13.7 per 100 pupils in the selective group. On the other hand, distribution of defects in the two groups is not altogether similar, with seven psychological or neurological defects in the selective group but none in the routine group. No firm conclusions, however, can be made at this stage in view of the limited numbers involved and the need for more detailed analysis.

FINDINGS AT PERIODIC MEDICAL INSPECTIONS.

During 1967, 5,045 children were inspected compared with 5,159 in 1966. Defects for which treatment was advised totalled 1,315 (1,222 in 1966). These figures include pupils submitted for medical inspection after selection as mentioned above. Details are given in Table 111 in the Appendix. There were three children classified as of unsatisfactory physical condition (four in 1966). Again no special comment is necessary

on the incidence of defects requiring either treatment or observation. Figures are not significantly different from last year apart from an increase in skin conditions meriting treatment or observation. This is likely to be associated with the prevalence of scabies during the year.

2. Hygiene Inspections.

Inspection of the heads of all pupils is carried out every term by the school nurses. The results for 1967 present a depressing picture with an overall incidence of head-lice infestation of 8.0%—the highest since 1962. The figures given in the accompanying table are for the Spring term.

Table 105. Head-Louse Infestation	
Total number of examinations in the schools by the school nurses ...	47,137
Total number of individual pupils found to have head-lice infestation ...	2,142
Number of pupils inspected in Spring term	12,911
Number of these pupils found to have head-lice infestation	1,039
Percentage found to have head-lice infestation	8.05

In the Autumn term the total incidence of infestation was still 8.0%, but the distribution was different, with notable increases in infestation rates for boys. Doubtless the complete lack of hygiene attendant for clinic treatments during much of the first quarter of the year was a contributory factor in the persistence of the high rates. That this should be so is of course an indication how dependent some families are on such welfare provision, with parents taking little or no responsibility for child care. In addition, there has been complete failure of co-operation in some families, with parents unwilling to allow their children to attend the cleansing centres. School nurses themselves have had to undertake head-cleansing for such children in school. Previous attempts at reaching this hard-core of parents by health education talks or literature have been quite unfruitful, and this approach was not attempted this year. Visiting of such problem families was of course pursued by the school nurses, but the time required for this to produce even a prospect of good results, far exceeded the time available to staff.

While the figures given suggest no change in the overall level of infestation during the year, it must be admitted that concentration of effort by school nurses on this problem in the latter half of the year probably resulted in a more accurate appraisal of the level of infestation than obtains under routine inspection conditions. This being so, it is likely that there was in fact some reduction in total incidence. Certainly in respect of those schools with exceptionally high rates of infestation the combined efforts of school nurses and hygiene attendants have been well rewarded.

The vacancy for a full-time hygiene attendant was filled in April. Her duties include sessions for cleansing at Greenbank, Avenham and Cuttle Street Health Centres. At the same time a part-time hygiene attendant was appointed with duties at Ribbleton Clinic. Sessions for cleansing at this clinic have proved helpful in tackling the problem in some schools with very high infestation rates.

3. Routine Vision Testing.

The aim is for each child to have at least five vision tests during his school life. Three of these are carried out at the time of routine medical inspections; the other two at ages 8+ and 12+ years. With 1,912 8-year-old children and 2,079 12-year-old children given tests of vision, good coverage of these age groups was achieved this year. Two thirds of the tests were carried out by the normal Snellen's test card and one third on the Keystone vision testing apparatus. A second Keystone vision tester was brought into use during the Autumn term so that in future the advantages of this method will apply to a larger percentage of pupils due for testing. Of the 1,244 children tested on the Keystone apparatus there were 69 who required the test for illiterates and, altogether 193 children failed the test. This failure rate of 15.5% is somewhat more realistic than that achieved last year before adjustment of the tester.

If not already under treatment, children failing screening tests of vision are referred to the eye clinic, if necessary after examination by the school medical officer.

4. Routine Audiometry.

Screening tests of hearing by pure-tone audiometry are now applied to children during their first year at school. With testing also of a number of children still due in the 6-7 year age group, an exceptionally large number of children was screened in 1967. Of the 2,765 pupils tested there were 234 who failed the test in some degree, that is, having at least a 25 decibel loss in one or other ear at one or more frequency levels. Analysis of the failures after review by the school medical officer showed that about 25% were considered to have no significant defect and no action was required, 9% were listed for re-testing, and 27% merited specialist opinion or treatment. Of this latter group over one third were found to be already under supervision by an Ear, Nose and Throat specialist, while a like proportion were referred following an unsatisfactory full pure-tone audiogram. There were 75 children who failed the screening test referred for full pure-tone audiogram, and of these 21 were found by this test to have normal hearing.

C.—SPECIAL EXAMINATIONS.

1. Special Medical Examinations.

The figures given under this heading in Table 111 in the Appendix relate to defects discovered in the course of special medical inspections and not previously noted. It is evident then that good screening of children by routine inspections will result in fewer defects being brought to light by special inspection. Illustrating this is the reduction by about 50% in the numbers of children discovered to have vision or hearing defects at special inspections in 1967, associated with an increased coverage of pupils by screening tests of hearing and vision during the year.

Provision of the bell and pad apparatus for children suffering from nocturnal enuresis was continued during 1967. With the availability of cheaper pads it has been possible to reduce the hire charge to 7/6d. If there is clear evidence of need the charge may be waived altogether. On the other hand, where there is need there are often associated problems which may militate against successful use of an alarm, and issue is contraindicated. During the year 20 children were issued with the alarm, 11 boys, 9 girls. In addition 9 children were maintained on treatment from 1966. The position at the end of 1967 was as follows:—

Cured 11; Not improved 7; Still on treatment 11.

2. Weekly School Visits by Nurse.

The system of planned weekly visits to schools by the school nurses, introduced in the Autumn of 1966, continued throughout 1967. There is importance in these visits being planned and regular, so that a definite time is provided each week for the discussion with teaching staff of any children with problems, whether physical or emotional. Where indicated, discussion with the school doctor follows so that medical advice may be given or appropriate action taken. A number of children are referred for special medical inspection as a result of these discussions.

While minor ailment treatment sessions no longer exist, pupils are seen if necessary by the nurse at her weekly visit, advice is given or they are referred for treatment elsewhere. First aid treatment of minor injuries is not the responsibility of the school nurse. The figures in Table 112 in the Appendix, however, suggest that an unduly large number of children with minor injuries are being referred to the school nurse.

The number of cases of scabies referred for treatment is similar to that for 1966. There is further comment on scabies in Section H of this report.

3. Juvenile Employment.

Part-time employment of school children is only permissible when medical fitness has been certified, and when requirements of age and working hours are satisfied. The lower age limit is 13 years and the maximum of two hours work per school day must be within the period 7.00 a.m. to 7.00 p.m. In 1967, 145 pupils were medically examined for this purpose.

4. Convalescent Holidays.

Nominations for a fortnight's convalescence at the Craig Convalescent Home, Morecambe, are made by headteachers. The provision, financed by the Preston School-Children's Fund, is primarily given to deprived children from poor homes, and convalescence from some medical condition is not a pre-requisite. Medical screening is, however, necessary to exclude children for whom the provision is inadvisable. Education is not neglected during a child's stay at the Home. With daily classes to be attended the term "holiday" may be considered a misnomer. There are four places reserved for Preston pupils under thirteen years of age. During 1967 there were 52 boys and 55 girls given the benefit of this change.

One child was recommended during the year for a holiday organised by the British Epilepsy Association.



HEARING TESTING

5. Training College Entrants and School Teachers.

During the year medical examination was undertaken of 75 candidates for teacher training colleges. There were 113 in 1966. Four teachers entering employment not directly from college were also medically examined, the same number as in the previous year.

D.—HANDICAPPED PUPILS.

1. Ascertainment.

Arrangements for ascertainment of mental or physical defect in school children continued without change during the year. By the end of the year all of the medical officers were qualified to examine children for the ascertainment of mental and educational subnormality. There is importance in anticipating the educational needs of handicapped children and not awaiting evidence of failure in the ordinary school situation. Here the regular physical and developmental examination of the pre-school child is essential, while attendance at nursery or nursery school, where closer observation is possible, may be recommended for certain children. It is true, however, that in many cases final assessment can only be made following a period at ordinary school.

Details of examinations carried out to determine educational subnormality are given in Table 113 in the Appendix, the figures relating to the number of children formally ascertained and not to mental tests carried out. Following adequate assessment, informal admission to the day school for educationally subnormal pupils is frequently adopted today, though formal ascertainment is always carried out where residential schooling is recommended or where there is strong parental objection to special schooling.

The special educational provisions for all groups of handicapped pupils are summarised in Table 114.

2. Special Educational Provision.

(a) IN ORDINARY SCHOOL.

At the end of the year there were 98 children attending ordinary schools who were listed for speech therapy. This provision has been entirely lacking since Easter, 1965, although treatment through the hospital service has been available for a few children. Despite the regrettable absence of this provision, ascertainment and recommendation for therapy must continue.

A proportion of partially hearing pupils are adequately catered for in ordinary schools provided hearing aids are used. There were 21 pupils at the end of 1967. A further 5 pupils with hearing aids attended the Open Air School (P.H.) as delicate pupils, while there were 4 attending the Open Air School for educationally subnormal pupils. Partial hearing was not the essential reason for special schooling for any of these nine pupils, yet the smaller class size in both these special schools is of obvious

Table 107.
Pupils having Home Teaching, 1958-67.

Year	Total for year	Number at end of year
1958	29	11
1959	25	15
1960	24	12
1961	26	7
1962	12	6
1963	10	8
1964	18	11
1965	15	8
1966	12	4
1967	10	4

(c) RESIDENTIAL SPECIAL SCHOOLS.

Details are given below. Of the 20 Preston children at the Royal Cross School for the deaf only 11 are residential, there being 9 attending as day pupils. Similarly 4 of the 7 children attending the Fulwood School for partially sighted, attend as day pupils.

Table 108.
Children in Residential Special Schools

Category	School	Number of Preston Pupils
(a) Blind Pupils	Sunshine Home, Southport	1
	St. Vincent's School for Blind and Partially Sighted	1
(b) Partially Sighted Pupils	School for Partially Sighted pupils, Fulwood, Preston (Day Class—4) ..	7
(c) Deaf Pupils	Royal Cross School for the Deaf, Preston	20
	Royal School for Deaf Children, Doncaster	1
(d) Partially Hearing Pupils	Royal Cross School, Preston	1
	Needwood Residential School for Partially Hearing, Burton-on-Trent	1
	Liverpool School for Partially Hearing, Southport	1
	Thomasson Memorial Special School, Bolton	1
(e) Educationally Subnormal	Hindley Hall Special School, Stocksfield	3
	Rudolph Steiner School, Aberdeen ..	1
	Springfield Special School, Ripon ..	1
	Hilton Grange School, Bramhope, Leeds	2
	National Children's Home, Crowthorn School, Edgworth	1
	Pontville R.C. School, Ormskirk ..	1
(f) Epileptic Pupils	Soss Moss School, Chelford	2
(g) Physically Handicapped Pupils	Children's Rest School of Recovery, Liverpool	1
	Singleton Hall Special School, Poulton-le-Fylde	1
(h) Delicate	Broughton Towers, Ulverston	1
(i) Maladjusted	Childscourt Residential School, Littleford House, Wincanton, Somerset	3

(d) DAY SPECIAL SCHOOLS.

Details regarding pupils in the two day special schools in the town are given below. Two special classrooms, one on the east of the town at Ribbleton Hall Primary School and the other on the west at Larches Hostel, provide for emotionally disturbed children unable to cope in ordinary primary schools. Such children need much individual attention and this is possible where there is a teacher and assistant responsible for about ten pupils. At the end of 1967 there were 18 children attending these two classrooms. The majority are able to adjust for transfer to ordinary school, although other special provision has had to be made for some such as admission to a special school. Of the six pupils who left the classrooms during 1967 five were transferred back to ordinary school, and one to a residential school for maladjusted pupils.

Open Air School for Physically Handicapped Pupils.

The distribution of pupils at this school at the end of 1967 was as follows:

Boys: delicate, 30; physically handicapped, 34; epileptic, 2.

Girls: delicate, 33; Physically handicapped, 26.

These figures include 24 children from the Lancashire County area of whom 21 are physically handicapped, two delicate and one epileptic. Table 109 classifies the reasons for admission to the school during 1967. Of the 28 pupils admitted, 16 are physically handicapped, 12 delicate. Five of these children are from County districts.

Table 109.
Admission to Open Air School for Physically Handicapped Pupils
in 1967.

	No. of Pupils
Asthma	1
Cerebral injury/tumour	3
Cerebral palsy	4
Congenital heart disease	1
Encopresis	1
Impaired hearing	2
Muscular dystrophy	1
Nervous debility	3
Osteodystrophy (spine)	1
Perthe's hip disease	2
Respiratory infections	3
Rheumatic chorea	1
Spina bifida	2
Urinary tract defects	3
Total	28

The number of pupils in the school on account of selected disabilities are shown below. Figures are for the end of the year.

Asthma	12
Bronchiectasis	3
Cerebral Palsy	13
Epilepsy	2
Congenital Heart Disease	4
Poliomyelitis	5
Respiratory infections	15
Spina bifida	7

The Special Unit provides for up to ten pupils with severe physical handicaps. It was originally set up specifically for children with cerebral palsy, and was accordingly designated the Spastic Unit. In recent years it has catered also for children with comparable disability from other causes. Of the 13 children who attended the Unit for at least some part of the year, five are cases of cerebral palsy, three have spina bifida, two cerebral injuries or abnormality, one has congenital limb malformation and one juvenile rheumatoid arthritis. Three older children with cerebral palsy were transferred to ordinary classes in the school during the year. Of the four new admissions to the Unit two are cases of cerebral palsy. With one exception, all children in the Unit at the end of the year were juniors, and mostly very young. It is an advantage for the teacher and her assistant to be concentrating thus on a smaller age range. Two of the group are dependent on walking aids, while some of the others can only walk with difficulty. Only two of the group are able to participate in swimming.

Open Air School for Educationally Subnormal Pupils.

There were 138 pupils on roll at this school at the end of 1967, all but one being Preston children. Over half of these pupils have been placed there on an informal basis, only 60 having been classified as educationally subnormal. Fourteen children were awaiting admission to the school at the end of 1967 on the recommendation of the educational psychologist.

During the year there were 33 children admitted to the school and 26 discharged. Of the latter, 14 left with a view to employment and one was placed at the Adult Training Centre. The 11 pupils who left at an earlier age dispersed as follows:—

Transferred to Open Air School (P.H.)	3
Transferred to residential school (E.S.N.)	1
Transferred to Junior Training Centre	2
Left district	5

Hitherto transport to the school has been by special bus from the town centre, or, for the younger or more retarded pupils, by taxi from homes. Since Easter, 1967, it has been possible to dispense with taxi transport by the use of two special buses which together cover the various districts in the town. No pupil has very far to go to a designated bus stop. The system has worked well for transport of pupils both to and from school, it eliminates the anxiety occasioned by the previous need for a change of bus in town, and also prevents undue dependence, which taxi provision tended to encourage.

The importance of physical activities has been stressed in previous reports, and considerable scope has been given during the year, with encouragement to participate in games both formal and informal, swimming, and athletics. During the year two boys gained bronze medals awarded by the Amateur Swimming Association for personal survival. Once again pupils took part in sports with children from two other schools for the educationally subnormal. This year the event was held at Blackpool.

Various ways and means to increase initiative and independence have been tried, especially with older pupils in preparation for employment. It is always necessary, however, to recognise that immaturity and a low intellectual endowment must limit the degree of independence possible. The majority will always need some guidance and help throughout life, while some have required supervision by the local health authority after leaving school.

3. Employment for the Handicapped.

Conferences are held periodically for discussion of the problems and prospects of employment of the handicapped school leaver. Discussions take place between parent, headteacher, youth employment officer and school doctor in relation to pupils aged 15 years of age, that is those with a further year's schooling before them. Where special problems exist earlier discussion is arranged.

While the recognised leaving age for handicapped pupils is 16 years of age, it is disconcerting that a significant number are leaving prematurely from both Open Air Schools. There were six pupils from each school leaving for work before the age of sixteen. The total number of "school-leavers" for the year were 15 for the school for E.S.N. pupils and 21 for the school for P.H. and delicate pupils. While for a few of the "early" leavers further schooling might be considered of no advantage, for many it was deemed most advisable and recommendations were made accordingly by headteacher and school doctor.

Apart from one pupil who was placed at the Adult Training Centre, all leavers from the Open Air School for E.S.N. pupils were able to secure employment. The suitability of their employment is another matter. Those who leave before the official leaving age usually obtain work for themselves without the benefit of guidance from or placement by the Youth Employment Officer. Five of the leavers from this school were placed in their first job by the youth employment service.

All but one of the leavers from the Open Air School (P.H.) secured employment before the end of the year. The exception was a girl who, however, commenced training in gold threadwork through a Ministry of Labour Vocational Training Course. Twelve of the leavers were placed in jobs through the youth employment service. One boy with congenital spasticity and deafness, who had left the Open Air School in 1966, was placed in clerical work following assessment at an Industrial Rehabilitation Unit in 1967.

There were ten young persons (5 boys, 5 g rls) from various schools in the town who were registered as disabled persons during the year.

E.—SPECIALIST CLINICS.

1. Ear, Nose and Throat Clinic.

Both of the hospital consultants held one session weekly at Saul Street Clinic. There were 211 children referred to the clinic of whom 193 were seen before the end of the year. Reasons for referral were as follows:—

Enlargement of tonsils or adenoids	...	...	...	...	59
Diseases of the ears	...	...	...	...	13
Defective hearing	...	...	...	...	58
Other conditions	...	...	...	...	81
					<hr/> 211

Further details are given in Table 115 in the Appendix.

2. Ophthalmic Clinics.

One of the vacancies for ophthalmologist was filled during the year with the appointment in March of Dr. J. L. Banik. He has since been responsible for the special eye clinic fortnightly and a weekly refraction clinic. Dr. Dowling, school medical officer has held a weekly refraction session. No appointment has been made to fill the vacancy caused by the retirement due to ill-health of Dr. J. Matthews.

Details of the work of the clinics is summarised in Table 116 in the Appendix.

3. Paediatric and Orthopaedic Services.

As remarked in last year's report no school clinics are now held by Consultant Paediatrician or Orthopaedic Surgeon. All orthopaedic cases are seen at hospital, and also the vast majority who require the opinion of the Paediatrician. Selected children from the Open Air School, many of them sufferers from cerebral palsy, only require occasional consultant review and none of the hospital facilities for diagnosis or treatment. One visit for this purpose was made during the year by Dr. A. G. Hesling, Paediatrician.

The attachment of Dr. Purdom to the hospital paediatric clinic together with one health visitor has continued to ensure exchange of essential information about all aspects of the treatment of school-children. Liaison has also been maintained with the hospital orthopaedic department.

F.—SCHOOL DENTAL SERVICE.

The Chief Dental Officer, Mr. A. Kershaw has contributed the following remarks on the School Dental Service for 1967.

"Throughout the year, the School Dental Service has been operating with two full-time dental officers. During the latter months a part-time dental officer was appointed.

In the main, Junior schools in the Borough have been inspected and treated.

The Authority has co-operated with the Ministry recommendations and is making provision for the employment of one dental auxiliary. The necessary two-surgery accommodation is scheduled for the Ribbleson Health Centre.

Consultant Anaesthetist and Orthodontic services have continued most satisfactorily."

Table 117 in the Appendix records work done during the year.

G.—ANCILLARY SERVICES.

1. Physiotherapy.

The vacancy for physiotherapist remained unfilled throughout the year. During the preceding four years only a part-time physiotherapy service had been available and that only for pupils at the Open Air school. Those children for whom continuation of physiotherapy seemed essential were reviewed by the school medical officer and their cases discussed with the consultant orthopaedic surgeons so that, if possible, appropriate physiotherapy might be provided at hospital. Shortage of physiotherapists in the hospital service, however, limited the provision of such treatment to only a few cases. All pupils at the Open Air School (P.H.) are seen by the school medical officer at least twice yearly, and their needs for treatment such as physiotherapy reviewed. In the absence of a physiotherapist the school nurse, under the direction of the medical officer, has given time to inspecting and supervising the use of walking aids and other appliances. Good liaison has been maintained with the hospital Rehabilitation Department.

2. Speech Therapy.

For over two years there has been no provision of speech therapy. Repeated advertisements have failed to attract any applicants. Our lack is but part of a national lack of this provision because of a shortage of therapists.

At the end of the year there were 99 children on the waiting list for speech therapy. During the year 20 children received treatment through the hospital speech therapist. Most of these had been referred by a hospital consultant, but a few were accepted for treatment on the reference of a school doctor. As with physiotherapy, only where there is good co-operation and a likelihood of good response to treatment can cases be considered for treatment.

3. Chiropody.

For school-children this provision has been limited to the treatment of plantar warts (verrucae). While the majority of children with verrucae are referred to their doctor or private chiropodist, a small number (35 in all) were treated at the clinics. Visits to schools by the chiropodist were not warranted.

H.—PREVENTION OF INFECTION

1. Immunisation.

Primary courses of immunisation against diphtheria, whooping cough tetanus and poliomyelitis for school entrants is available for those not previously immunised, and booster doses for those previously inoculated. Primary and booster immunisation against diphtheria, and tetanus and primary poliomyelitis vaccination are also available at 10-11 years of age. Consent forms for these procedures are issued prior to the entrant and intermediate medical inspections.

The percentage of school-children immunised against the four diseases named above has increased. Of primary school children 82.5% have received full primary immunisation against diphtheria, whooping cough and tetanus with appropriate booster inoculations. Well over 90% of this group have been vaccinated against poliomyelitis. While there is good acceptance of booster immunisation on initial school entry, the position is not so satisfactory for the subsequent booster immunisation at 10-11 years so that the percentage of secondary school children with immunisation up to date (64%) is substantially less.

The Ministry of Health's revised schedule for immunisation will be adopted in Preston in January, 1968. This eliminates any booster immunisation at 10-11 years of age and substitutes booster immunisation against tetanus and poliomyelitis at 14-15 years. Measures will be required to ensure a more adequate acceptance of this revised schedule than obtains for the current immunisation scheme.

2. Control of Infection in Schools.

While for many years the exclusion from school of contacts of the commoner infectious diseases has not been practised, it is now recognised that the exclusion periods generally adopted for cases, have been unnecessarily long. Current practice has therefore been reviewed during the year in the light of more accurate knowledge of the periods of infectivity of many of the infectious diseases. Revised recommendations as to periods of exclusion will be made early in 1968, and headteachers will be informed of the new requirements.

Control in schools of infections which are transmitted by ingestion can be improved by greater attention to suitable toilet provision in schools, greater diligence in disinfection of sanitary fittings, and greater insistence on hand-washing after use of W.C. and before meals. During the first half of the year there were outbreaks of dysentery in six primary schools and of infective hepatitis in one primary school. In the six schools referred to there were 237 confirmed cases of sonne dysentery among children and staff. Infective hepatitis affected 19 children and one teacher in Roebuck Primary School. Fuller details of these outbreaks are given in the report of the Medical Officer of Health, but it is thought important to refer here to certain of the preventive measures adopted. While in respect of infective hepatitis gamma globulin might have been considered for contacts in a controlled trial, this was not possible with a depleted medical staff already fully engaged.

Both dysentery and infective hepatitis are bowel-borne infections transmitted orally. Contamination of the hands, even though invisible, is virtually unavoidable when using the W.C. The essential importance of hand-washing after use of the W.C. is evident. Washhand basins must be located adjacent to the W.C.s if the habit of handwashing is to be inculcated. This does not obtain in the older schools. Washing is not synonymous with sterilisation and towels in communal use are a potential source of infection. Not only are roller towels proved sources of infection, but also individual hand towels because of indiscriminate use or lack of separation in the racks. The above facts confirm the rationale of the measures used during the outbreaks of dysentery and infective hepatitis and suggest the advisability of some of them being adopted permanently. Among the measures were disinfection of W.C.s, (including seats, flush handles, door knobs) of tap handles and of door knobs "en route" to the washhand basins. This disinfection was carried out several times daily, especially following periods of maximum use. All roller and individual towels were banned, and paper towels installed.

At the end of the summer term a survey was carried out of the toilet facilities in all schools. This only confirmed that currently there are inadequacies in many schools. It is proposed to make certain recommendations so that standards of hygiene may be improved, and risks of infection thus lessened.

The overall occurrence of scabies is not known. The number of cases, however, referred to the local authority cleansing clinic gives some impression of its incidence. The total figure for 1967 at 205 is marginally less than that for 1966, viz. 217. This suggests that the peak of the current outbreak since 1963 may have been reached. It is important for school children to be excluded from school until adequately treated. It is of equal importance for all members of the household to be treated concurrently.

3. Tuberculosis.

(a) B.C.G. VACCINATION.

B.C.G. vaccination of 13-year-old school-children was continued in 1967. It was also available to older pupils who had missed it at that age, and to diabetics at a younger age on medical recommendation.

The acceptance rate for this vaccination has been maintained at the satisfactory level of 84.6%. This compares with 84% last year, 83.5% in 1965 and 75.5% in 1964. There was once again an unfortunate disparity between the number of consents and the number actually present for the skin test. Of the 1,434 pupils for whom consent had been received, only 1,194 (83%) were available for the initial skin test. The percentage found to be tuberculin positive at this test was 16.4%, the same proportion as for 1965, but a rise of 4.6% on last year. This is doubtless a reflection of the known increased incidence of tuberculosis, so that a more complete acceptance of B.C.G. is imperative.

Those children who re-acted strongly to the skin test (Heaf's test grades 3 or 4) were referred to the chest clinic for x-ray and examination if necessary. There were 36 of these in 1967 (32 in 1966). One of these subsequently (in 1968) was found to be suffering from primary tuberculosis. Several of the others while showing no evidence of active tubercular disease will be followed up at the chest clinic as a precaution.

(b) TUBERCULOSIS IN SCHOOLS.

There were eight cases of tuberculosis notified among Preston school-children during 1967. Five of these were immigrant children: three West Indians and two Asiatics. Analysis of the cases is as follows:—

Primary tuberculosis (lungs): 4 girls, 1 boy. Age group 5-9 years.

Tuberculosis of bone: 2 boys, aged 5 and 15 years.

Infectious pulmonary tuberculosis: 1 boy, aged 15 years.

Sources of infection among household contacts were discovered for all of the cases of primary lung infection. In one primary school, however, it was thought wise to carry out a school investigation in view of the fact that there had been five notifications of primary tuberculosis in a period of eighteen months. Tuberculin testing was carried out on 240 pupils. There were 18 positive reactors, none of whom had a history of B.C.G. vaccination. These were referred to the chest clinic for x-ray and examination. No active case of tuberculosis was discovered but one pupil will continue to be reviewed because of evidence of a previous primary infection. All members of the teaching,

school meals and caretaking staff had a chest x-ray. Again no case of active disease was discovered. While this investigation did not reveal any case of infectious tuberculosis, it is relevant to mention that of the 18 pupils with positive tuberculin reactions, 12 were Asiatic immigrants. This is significant when it is borne in mind that the number of Asiatic pupils involved in this survey was 28, out of a total of 240 pupils tested. The need for screening such children by a tuberculin test at school entry is suggested by this finding.

Sources of infection for the two cases of tuberculosis of bone were outside the school community. In the case of the boy with infectious pulmonary tuberculosis no source of infection was found among household or school contacts.

Notification of tuberculosis in a teacher at one of the secondary schools in the Autumn term was followed by an investigation of school contacts, with use of the Mass Radiography Unit at the school. Altogether 172 pupils were investigated either by tuberculin test or, in the case of those previously vaccinated with B.C.G., by chest x-ray. All positive reactors to the tuberculin test also had a chest x-ray as well as 36 members of the staff. No case of tuberculosis was revealed by this investigation.

I.—HEALTH EDUCATION.

There was an increase in the number of health education lectures in schools in 1967. Films and film-strips were used to illustrate the talks, and room given for discussion and questions. Included in the subjects were accidents in the home, immunisation, menstruation pregnancy and childbirth, local authority health and welfare services, smoking and health, sex education and venereal diseases.

With the introduction of mothercraft talks in another school, there are now four of the secondary schools where this instruction to senior girls is given by health visitor or school nurse. Sessions have also been held at the Open Air School (P.H.). The series of talks starts with the birth of a baby, covers most aspects of basic infant care such as bathing, clothing and feeding, and includes talks on hygiene and nutrition.

In junior schools the importance of dental hygiene was given prominence, and films on care of the teeth were shown in several of the schools.

Films, slides and tape-recordings on sex education and venereal disease have been loaned for use in secondary schools. In one secondary school it was gratifying for the Health Education Officer to have close collaboration with the teaching staff in a carefully planned programme on sex education for fourth year pupils. The staff were given two or three opportunities of viewing the films to be used, and of discussing the proposed programme. Subsequently all parents were notified of the agreed programme and of the date for its use in school. They were also invited to a pre-view on the evening before, with opportunity for comments or objections. There was almost unanimous agreement in favour of the proposal. The programme included the film *Learning to Live* which was shown simultaneously to both boys and girls. The girls were then shown the film *To Janet a Son* while the boys viewed the film *From Boy to Man*. This was followed by separate discussion groups for boys and girls led by teachers who had agreed to participate. In view of its success it is hoped that other schools may agree to collaborate in the future in similar programmes.

J.—OTHER PROVISION.

I am grateful to Mr. Tuson, Chief Education Officer, for the following two reports:

“1. Physical Education.

The opportunities in the field of Physical Education continue to expand. In the summer months a new venture was started with the opening of a Playcentre at Grange County Primary School. This was open five nights a week with an adult Supervisor in charge. It served a useful purpose in providing somewhere for children to play in safety. The average nightly attendance was 50, with children of infant age predominating.

In 1967 the Penwortham Holme Recreation Centre continued to provide a wide range of physical activities for young people. For 15 weeks in the year the Centre had weekly attendance numbers of over 1,000. The available facilities were utilised by both young people and adults. During the school holidays the Centre was opened during the afternoons to enable children of secondary school age to take part in courses arranged by the Warden.

2. School Meals and Milk-in-Schools Scheme.

SCHOOL MEALS.

The School Meals Service provides milk, dinners and teas. Light mid-morning lunches are taken at the Open Air School. During the summer of 1967, 3,649 packed dinners and 969 packed teas were supplied to schools going on educational visits. At Christmas, 1967, 8,460 party teas were provided for school parties.

A total of 61 dining centres catered for dinner during the year. A summary of two surveys carried out gives the number of children taking dinner on two normal school days:—

June, 1967 ...	...	...	...	...	...	10,975
September, 1967 ...	...	...	...	...	...	11,648

The total number of dinners supplied during the year was 2,410,437 compared with 2,298,512 in 1966.

MILK-IN-SCHOOLS SCHEME.

During 1967, 2,783,845 bottles of milk were consumed compared with 2,710,065 in 1966; 2,503,612 in maintained schools, and 280,233 in non-maintained schools, representing a daily average of 14,343 compared with 13,819 in 1966.”

APPENDIX—STATISTICAL DATA

Table 110.

Cost of School Health Service 1967/68.

Expenditure	£54,700
Income	£2,470
Net expenditure	£52,230

Table 111.

Defects found at periodic and special inspections.

Defect or Disease	Periodic Inspections		Special Inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	69	97	1	1
Eyes (a) Vision	657	277	58	9
(b) Squint	93	24	4	1
(c) Other	7	26	2	—
Ears (a) Hearing... ..	53	120	14	41
(b) Otitis Media	26	90	—	—
(c) Other	9	24	2	1
Nose or Throat	171	176	23	3
Speech	8	40	1	5
Lymphatic Glands	3	53	—	—
Heart	15	49	—	2
Lungs	42	78	1	10
Developmental (a) Hernia	4	14	1	—
(b) Other... ..	10	67	2	—
Orthopaedic (a) Posture	4	36	1	1
(b) Feet	49	97	3	—
(c) Other... ..	48	69	—	6
Nervous system (a) Epilepsy	7	6	1	1
(b) Other	3	29	—	9
Psychological (a) Development	3	52	1	1
(b) Stability	5	43	3	—
Abdomen	6	20	1	3
Other... ..	23	85	3	11
Total	1,315	1,572	122	105

Table 112.
Weekly School Visits by Nurse

							Defects treated or referred for treatment	
							1966 *	1967
SKIN:								
Ringworm—scalp	..	..	..	..	..	..	—	—
Ringworm—body	..	..	..	..	..	..	—	—
Scabies	..	..	..	..	..	..	131	133
Impetigo	..	..	..	..	..	..	24	11
Verrucae	..	..	..	..	..	..	18	4
Other skin diseases	..	..	..	..	..	..	154	59
EYE DISEASE:								
External and other (not refractive errors or squint)	..						110	47
EAR DISEASE (Minor)							76	49
MISCELLANEOUS:								
(e.g. minor injuries, bruises, sores, chilblains, etc.)	..						3,249	1,127
Totals							3,762	1,430

* N.B.—Minor ailment treatment sessions ceased August, 1966.

Table 113.
Mental testing—Education Act, 1944, sections 34 and 57
Children Ascertained

Number deemed to be educationally subnormal	..	..		2
For admission to day special school for E.S.N.	..	..	2	
For admission to residential special school for E.S.N.	..	..	—
Number deemed not to be educationally subnormal	..	..		4
Remain in ordinary school	..	..	4	
Number reported as unsuitable for education at school				
Section 57(4) Education Act, 1944.	..	..	..	12

Table 114.
Disposition of Handicapped Pupils at the end of 1967.

Classification	Total No.	Special School		Home Teaching	Ord. School	No. School
		Day	Resid.			
Blind	2	—	2	—	—	—
Partially sighted	8	4	3	—	1	—
Deaf	23	9	12	—	—	2
Partially hearing	33	3	4	—	26	—
Educationally subnormal	72	61	9	—	2	—
Epileptic	3	1	2	—	—	—
Maladjusted	3	—	3	—	—	—
Physically handicapped	47	37	2	4	1	3
Delicate	64	63	1	—	—	—
Speech defect	98	—	—	—	98	—
Total	353	178	38	4	128	5

Table 115.
Work carried out at E.N.T. Clinics.

New cases	193
Re-inspections	647
Referred for treatment in hospital	124
" " " " " clinic	54
" " re-inspection	540
" " X-rays	20
" " audiometry tests	237
Deaf aid clinic	3
Total attendances	840
Treatment—	
Operative—Tonsils and adenoids	66
" other nose and throat conditions	2
" diseases of the ear	48
Audiometry tests	494
Attendances for treatment by Clinic Nurse... .. .	179

Table 116.
Work carried out at Ophthalmic Clinics.

New cases	223
Re-inspections	1,090
Refractions carried out	304
Prescriptions issued	571
Referred to Hospital (orthoptic, operative treatment, etc.)	18
Total attendances	1,313

Table 117.
Dental Inspection and Treatment.

1. INSPECTIONS:					
(a)	Number of pupils first inspected at school	..	..	..	4,081
(b)	Number of pupils first inspected at clinic	..	..	..	158
	Number found to require treatment	..	..	..	2,692
	Number offered treatment	..	..	..	2,229
(c)	Number re-inspected at school or clinic	..	..	..	120
	Number of (c) found to require treatment	..	..	..	86
2. SESSIONS:					
	Sessions devoted to treatment	..	..	..	831
	Sessions devoted to inspection	..	..	..	47
	Sessions devoted to Dental Health Education	..	..	..	—
3. ATTENDANCES AND TREATMENT:					
	Visits: first	..	..	..	1,529
	subsequent	..	..	..	3,185
	Total	..	..	..	4,714
	Additional course of treatment commenced	..	..	..	85
	Fillings: permanent teeth	..	..	..	3,050
	deciduous teeth	..	..	..	804
	No. of teeth filled: permanent teeth	..	..	..	2,576
	deciduous teeth	..	..	..	768
	Extractions: permanent teeth	..	..	..	688
	deciduous teeth	..	..	..	1,486
	General anaesthetics	..	..	..	469
	Emergencies	..	..	..	563
	Other forms of treatment	..	..	..	496
	Courses of treatment completed	..	..	..	1,131
4. ORTHODONTICS:					
	Cases remaining from previous year	..	..	..	31
	New cases commenced during year	..	..	..	20
	Cases completed during year	..	..	..	13
	Cases discontinued during year	..	..	..	2
	Number of removable appliances fitted	..	..	..	20
	Number of fixed appliances fitted	..	..	..	—
	Pupils referred to Hospital Consultant	..	..	..	1
5. PROSTHETICS:					
	Number of pupils supplied with dentures	..	..	..	10
	Number of dentures supplied	..	..	..	12

